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SOMERSET COUNTY COUNCIL



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1960

J. F. DAVIDSON,

O.B.E., M.B., Ch.B., D.P.H.

County Medical Officer of Health.



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TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE SOMERSET COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Twenty-fourth Annual Report on the Public Health Services of Somerset.

The Report covers the statistical details required by the Ministry of Health, but, in many sections, we have tried to make it a sympathetic and personal record of your services and their impact on the people of Somerset.

I am happy to repeat my statement of last year that the general state of public health in the County and, particularly, the health of the children, continues on a high and satisfactory level.

In the various parts of the Report prominence is given to the ever widening personal services founded by the Health Department, but it should be kept constantly in mind that all such services depend basically and always on the maintenance of high standards of environmental hygiene.

My Department continues to be indebted to many voluntary organisations and to many individuals for their help and assistance in our affairs, and we are most grateful.

Again, I acknowledge the efficient services and loyalty of the Staff of the Department and the help which we receive from other Departments of the County Council.

I am,
Yours faithfully,

J. F. DAVIDSON,

County Medical Officer
of Health.

County Hall,
Taunton.

October, 1961.

STAFF

The following are the Senior Public Health Officers:—

CENTRAL OFFICE STAFF:

County Medical Officer of Health:

Principal School Medical Officer:

J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health:

Deputy Principal School Medical Officer:

* L. FAY, M.D., D.P.H.

Senior Medical Officer for Maternal and Child Welfare:

B. MARY THOMPSON, M.D., D.P.H.

Assistant County Medical Officer:

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

Senior Medical Officer for Mental Health:

VACANCY.

Chief Dental Officer:

QUENTIN A. DAVIES, L.D.S., R.C.S.(Eng.)

County Public Analyst:

JOAN D. PEDEN, B.Sc., F.R.I.C.

County Health Inspector:

C. E. WATERFALL, M.I.P.H.E., M.A.P.H.I.

Chief Administrative Officer:

R. F. COTTRELL, D.P.A.

Ambulance Liaison Officer:

R. S. J. BISHOP, D.P.A.

Mental Health Officer:

A. H. EDWARDS, D.P.A., F.C.C.S.

County Nursing Officer:

Miss J. E. NOBES, S.R.N., S.C.M., H.V., Q.N.

Home Help Organiser:

Miss L. C. E. CHALK

AREA STAFF:

P. P. FOX, M.B., Ch.B.,
D.P.H.

Area Medical Officer and Divisional 'School Medical Officer, Yeovil Area (also Medical Officer of Health, Yeovil Borough and Yeovil Rural District).

D. MCGOWAN, M.B., Ch.B.,
D.P.H.

Area Medical Officer and Divisional 'School Medical Officer, Weston-super-Mare Area (also Medical Officer of Health, Borough of Weston-super-Mare, Axbridge Rural District).

* L. FAY, M.D., D.P.H.

Area Medical Officer and Divisional 'School Medical Officer, Taunton Area (also Medical Officer of Health, Taunton Borough).

R. H. G. H. DENHAM, M.D.,
D.P.H.

Assistant County Medical Officer, Bathavon Area (also Medical Officer of Health, Frome Urban and Rural, Bathavon Rural, Keynsham Urban).

R. H. WATSON, M.B., Ch.B.,
B.A.O., D.P.H.

*Assistant County Medical Officer and Divisional
'School Medical Officer, Bridgwater Area (also
Medical Officer of Health, Bridgwater Borough,
Bridgwater Rural and Burnham-on-Sea Urban).*

A. M. McCALL, M.R.C.S.,
L.R.C.P., D.P.H.

*Assistant County Medical Officer, Langport Area
(also Medical Officer of Health, Chard Borough,
Ilminster Urban, Crewkerne Urban, Langport and
Chard Rurals).*

COMMITTEES

The following are concerned in matters of public health:—

HEALTH COMMITTEE: and its Sub-Committees for: Midwifery and Nursing Services, Ambulance Service, Water Supplies and Sewage Disposal, Mental Health Services, and Milk.

SUMMARY OF VITAL STATISTICS

Area (in acres) : 1,026,047

Population (1960) : 507,270

Live Births –

Number : 8,095. Rate per 1,000 population : 15.96

Illegitimate Live Births per cent of total live births : 4.26

Stillbirths –

Number : 145. Rate per 1,000 live and still births : 17.60

Total Live and Still Births : 8,240

Infant Deaths (deaths under 1 year) : 160

Infant Mortality Rates –

Total infant deaths per 1,000 total live births : 19.76

Legitimate infant deaths per 1,000 legitimate live births : 19.10

Illegitimate infant deaths per 1,000 illegitimate live births : 34.78

Neo-natal Mortality Rate (deaths under 4 weeks per

1,000 total live births): 14.82

Early Neo-natal Mortality Rate (deaths under 1 week per

1,000 total live births): 13.09

Perinatal Mortality Rate (stillbirths and deaths under 1 week

combined per 1,000 total live and still births): 30.46

Maternal Mortality (including abortion) –

Number of deaths: 0. Rate per 1,000 total live and still births: 0.

Among the chief causes of death were heart diseases (2,501), cancer and other forms of malignant disease (1,072), bronchitis and pneumonia (467) and motor vehicle and other accidents (174).

The essential statistical returns covering births, infantile mortality and deaths are given in Tables 6 to 11.

BIRTHS. The number of live births for the year was 8,095, which gives a rate of 15.96 per thousand population as compared with 15.26 for 1959. As will be noted from Table 10, the birth rate for England and Wales for 1960 was 17.1, but for true comparison purposes the Somerset figure has to be adjusted to make approximate allowances for the way in which the sex and age distribution of the Somerset population varies from that of England and Wales. The adjusted figure for births for Somerset is 16.93.

DEATHS. The death rate at 12.78 is slightly higher than for the previous year (12.55). The rate for England and Wales is 11.5, and to compare the Somerset figures with the country's rate it has to be adjusted in the same way as the birth rate. After adjustment the comparable Somerset rate is 11.12.

PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table 11 gives details of notified cases of infectious diseases and their distribution, with comparative figures for the previous year. Again we have no cases of diphtheria.

POLIOMYELITIS. The confirmed cases numbered 6 compared with 10 for 1959 and 32 for 1958. A report on the vaccination scheme is given later in this Report.

VENEREAL DISEASE. The usual table is given below and shows the number of new cases and attendances at various centres in the County during 1960.

V.D.	NEW CASES			Increase or Decrease during 1960	ATTENDANCES			Increase or Decrease during 1960
	1958	1959	1960		1958	1959	1960	
Bath ...	7 (19)	3 (16)	14 (55)	+11 (+39)	112	74	172	+ 98
Bridgwater ...	5 (18)	1 (23)	7 (33)	+ 6 (+10)	71	48	152	+104
Bristol ...	12 (56)	21 (80)	30 (87)	+ 9 (+ 7)	204	258	277	+ 19
Taunton ...	5 (19)	3 (22)	11 (27)	+ 8 (+ 5)	177	91	220	+129
Weston-s-Mare	14 (20)	5 (18)	6 (18)	+ 1 (-)	187	145	103	- 42
Yeovil ...	4 (20)	2 (20)	8 (20)	+ 6 (-)	132	81	87	+ 6
All Clinics ...	47(152)	35(179)	76(240)	+41 (+61)	883	697	1,011	+314

The figures shown in brackets are the numbers of new cases suffering from 'other conditions' and conditions undiagnosed at 31st December, 1960.

BLIND PERSONS

The Somerset Association for the Blind continues to carry out the general work on behalf of, and with a grant from, the County Council. This arrangement works very well in practice, and with real advantages to the blind.

Nine Home Teachers, one of whom is blind, were employed by the County Association during 1960. There were 26 home workers and 2 workshop employees under the supervision of the Bristol Royal Blind Asylum Workshops. At the end of 1960, 1,202 persons (474 male and 728 female) in the County were registered as blind — this is a decrease of 1 over 1959. In addition, there were 178 persons registered as being partially sighted.

As previously, prior to admission to the Register of Blind Persons, it is necessary for certification to be carried out by a medical practitioner, with special experience in ophthalmology. In a very few instances of the aged or bedridden in remote areas, it is possible, by a modification agreed to by the Minister of Health, for the medical attendant to supply the necessary information on form B.D.8. Little delay is now experienced generally in having persons known to be blind admitted to the Register, and the co-operation of Ophthalmic Surgeons in supplying the necessary information is appreciated.

An examination of 176 forms B.D.8 received during the year shows the following :—

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

(i) Number of cases registered during the year in respect of which para. 7(c) of forms B.D.8 recommends:—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	26	17	0	77
(b) Treatment (medical, surgical or optical)	21	6	0	29
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	12 Treated 3 Refused 1 Died 5 Too frail	5 Treated 1 Died		23 Treated 5 Died 1 Too ill

Once again no cases of blindness from retrolental fibroplasia were registered during the year.

OPHTHALMIA NEONATORUM

(i)	Total number of cases notified during the year	...	...	...	3
(ii)	Number of cases in which:—				
(a)	Vision lost	...	...	...	Nil
(b)	Vision impaired	...	...	...	Nil
(c)	Treatment continuing at end of year	...	...	...	Nil

NATIONAL HEALTH SERVICE ACTS

MATERNAL AND CHILD WELFARE

TOTAL BIRTHS to County mothers were recorded locally as 8,181 *(R.G. 8,095), of which 2,521 (31%) were domiciliary ones. A larger number of births this year occurred in hospitals outside the County (956 from 883) and included 50 stillbirths. One set of triplets was born to a County mother. Total births in 1959 were 7,791 (R.G.)

LIVE BIRTHS 8,029 were recorded locally. The County rate calculated by the R.G. has risen from 15.3 to 15.9 per 1,000 population — which takes account of the rise of 7,000 in the County residents. The national rate is 17.7 and the County rate adjusted (on a basis of similar population) to this is 16.93.

STILLBIRTHS numbered 152, but the R G. only recorded 145 to County mothers. This is a welcome drop from the 155 last year in a smaller number of total births. The rate has fallen from 19.9 to 17.6. Apart from a rate of 17.3 in 1953, this is the lowest recorded one. In 1952 it was 24.2, so, although the figure seems stubbornly constant, in fact there is a gradual fall still. The national rate is 19.8 in each 1,000 (live plus still) births.

ILLEGITIMATE BIRTHS are a bigger and increasing proportion of the whole, although Somerset is lower than the national rate. That has risen from 5.1% to 5.4% — ours from 3.9% to 4.3%.

DEATHS OF CHILDREN IN THE FIRST WEEK numbered by the R.G. are 106 giving a rise in the rate from 11.6 to 13.2. This shows that, although more babies survived the hazard of birth to be born alive, the majority of those extra ones saved died soon after birth. Deaths on the first day included 40 premature babies.

PERINATAL MORTALITY RATES make it possible to show whether the total picture of loss of life around birth is improving by adding stillbirths and first week deaths. This year 251 deaths gave a rate of 30.4 which is in fact better than last year's 31.3 and continues the progressive fall. The rate for England and Wales is 32.9. Table No. 1 in the appendix compares figures for previous years from 1953 throughout

* For R.G. read Registrar General

the country, showing Somerset — perhaps favoured by its geographical position — as having a low but not falling rate — a trend which now seems to have become more favourable.

NEONATAL (FIRST MONTH) DEATHS recorded by the Registrar General total 120, so that only 14 children died in the second to fourth weeks of life. The rate of 14.8 (England and Wales 15.6) shows an increase over last year's 13.5, mainly due to the higher number of early deaths.

DEATHS IN THE FIRST YEAR (infant mortality) totalled 160 (R. G.) compared with last year's 143. The rate shows a corresponding increase from 18.7 to 19.8 but is still well below that for England and Wales of 21.9. A detailed analysis of the causes in 1959 and 1960 is given in the appendix. The major causes are prematurity (63) and congenital abnormality (42). All the deaths from prematurity occurred in the first month of life. Next year it will be possible to show causes of death common to stillbirths and infant deaths now that certificates of stillbirths have to be completed. The estimated number of children aged 0 — 1 is 7,560, so the death rate for this age group is 21 per thousand, while the deaths at all ages in the County are only 12.78 per thousand.

DEATHS OF CHILDREN FROM 1 — 5 YEARS numbered 20 in an estimated population of 28,840 giving a death rate for comparison with the above of 0.7 per thousand over these four years. Pneumonia was the chief cause with 5 deaths, accidents and leukaemia killed 2 each and measles 1.

MATERNAL MORTALITY This is the first year when the Registrar General records that no County mother has died from a condition connected with her pregnancy — in spite of the fact that a higher number of births has exposed more mothers to risk. This is partly a tribute to the preventive services, but perhaps more to the "flying squads" and maternity hospitals which cope so quickly and efficiently with complications. We could still reduce the number of times this is needed by better attention to ante-natal care and there is no safety in relaxing effort here. "The price of safety is eternal vigilance". The national rate is slightly up from 0.38 to 0.39.

One County mother died from an infection which developed after the birth of her baby and the new infections not responding well to antibiotics are the hazards we now face for our patients.

COMPARISONS help us to note progress, or lack of it, and in the appendices for those interested in figures it is possible to compare numbers and rates from year to year for the County. The short table below compares circumstances and measures our record against that of our geographical neighbours and the country, the figures being taken from their annual reports for 1959.

Populations and Rates for 1959. England and Wales and neighbouring counties and county boroughs

Births

Authority	Population (1,000)	Live birth rate	Stillbirth rate	Proportion of Illegitimate live births	
England and Wales	45,755	16.5	21.0	5.1 %	
Somerset	500	15.26	19.89	3.91%	
Dorset	307	14.6	18.46	5.0 %	
Devon	521	13.65	17.94	3.75%	
Wiltshire	412	18.77	18.55	3.8 %	
Gloucester	472½	17.25	19.6	4.37%	
Bristol	436½	15.26	19.7	4.8 %	

Deaths

Authority	Infant Mortality Rate	Neonatal Mortality Rate	First week death rate	Perinatal Mortality Rate	Maternal Mortality Rate
England and Wales	22.0	15.8	13.5	34.2	0.38
Somerset	18.73	13.49	11.66	31.32	0.38
Dorset	17.40	N.R.	N.R.	N.R.	0.43
Devon	18.27	13.77	12.79	30.50	0.41
Wiltshire	20.97	14.12	11.51	28.81	NIL
Gloucester	17.67	13.61	11.41	30.79	0.72
Bristol	19.5	14.0	N.R.	31.8	0.29

N.R. — not recorded

PREMATURE BIRTHS as can be seen, is a big risk for a baby, with a great possibility of dying and a smaller one of being handicapped at least for the early part of life. In 1960 463 babies were classified as premature because of small size — slightly fewer than last year's 468. 5.8% of live-born babies were 'premature'. The loss of life (shown by Table No. 2 in the appendix) has been very much reduced since 88% of these were surviving at the end of one month compared with 76% last year. This notable improvement was almost entirely in the group of very small babies weighing under 3¼ lbs. at birth, 53% of whom lived a month against only 47% last year. The third weight group weighing between 4 lbs. 6 ozs. and 4 lbs. 15 ozs. also improved its first month survival rate from 91% to 96%. This trend may be due to the fact that the majority of children in these two groups are born or nursed in hospital (143 out of 147). The babies between these two groups however survived less well and this is perhaps a group needing more attention — only 79% survived compared with 87% last year and 82% in 1958.

HANDICAPPED CHILDREN. The handicapped child is a particular responsibility of the health visiting service. During the early years the essential is to secure that any handicap is noted as soon as possible and investigated so that any necessary treatment can be undertaken without delay. Parents are often unwilling to seek advice at this stage and may need considerable encouragement and persuasion to do so. It is not always realised that a squint may be a sign of underlying defect in the eye which if uncorrected by the time the child reaches school age may make that eye virtually useless. Delay in developing speech may be put down to "taking after father", and valuable months or even years be lost before an underlying deafness is diagnosed — time which can never be replaced in the case of this defect.

Once a diagnosis has been established, parents and the child may need considerable help in adjusting to the disability and in carrying out instructions given. The parents have to try to tread the narrow line between creating an over-dependent child and treating him as though he were perfectly normal, and may need constant support in this difficult task. It is important to ensure that the child enters the educational system with the minimum amount of disability and with treatment as far as possible completed, so there will be very little interruption with his studies. In the case of some defects like blindness, deafness or severe physical handicap, planning of education may be necessary three or four years ahead to ensure that a vacancy is available when the child is ready to start learning — an added reason for early complete diagnosis. In helping all

these groups the health visitor's task is eased by the co-operation she receives from the specialist workers of the health and welfare services dealing with the child who are well aware of the problems raised by each particular disability.

ILLNESS AND ACCIDENTS. Illness in children was one of the recurrent interruptions of healthy progress accepted as commonplace and inevitable. The idea of preventing many communicable diseases by inoculation has changed this acceptance over the past twenty years, but many parents even now fail to take advantage of the service. A large amount of other illness and injury is also preventable, as follow-up of home accidents shows, and one of our biggest tasks is still to tackle this point. Details of home accidents are received from the majority of hospitals serving the County now and a visit is paid by a health visitor where education seems likely to be of value. The mother is perhaps less likely to take risks of exposing her child to burning by not using a fireguard if the health visitor can say "I visited two cases of this sort recently", otherwise the general reaction is "Ah, but it won't happen to me". Some illness, is, of course, not preventable and the task of the preventive services then is to ensure that it produces the minimum amount of hazards for the child.

Hospitalization has recently been talked about because it is felt that separation, particularly of the young child, from his parents for any length of time may be very harmful emotionally. It has been suggested that in the case of operations which can be planned these should be fixed for a time when some separation is less dangerous and that if possible early discharge should be arranged, otherwise the mother may come in and assist with the nursing of the child in hospital. Such planning would also include preparation of the child for admission by many procedures worked out in hospital departments, and daily visiting by the parents ensures that the child does not feel too deprived. Progress in the field of planned admission has not been achieved very much yet by co-ordination, but as the idea spreads no doubt it can be fostered in the field of surgery for ear nose and throat, plastic surgery and orthopaedic care, though the benefits and dangers to the child, in the clinical as well as the emotional field, must always be balanced.

The local health authority can best assist by making its staff aware of hospital procedures and what is arranged and using them to explain to parents what is likely to happen before admission occurs. The preliminary explanation often given by the hospital at the time of the first attendance is valuable and more so if the information is supplemented by the health visitor in subsequent visiting. Discussions have been held

about the preparation of suitable educational material now being drafted which the staff can take round, and it is hoped that the appointment of liaison officers, now operating well in two children's units in the County, can be extended to other areas.

The domiciliary nursing care of children is undertaken to a certain extent by parents who can, of course, always be guided or assisted by the district nurse. If the mother has had some preliminary training in home nursing, with the guidance of the health visitor she can probably manage to care for her children quite adequately, even where conditions are not very promising. This arrangement, however, is not always possible, since in a rural area the distance from hospital may make the general practitioner more anxious to have the child in care. This is particularly so with so much of modern medicine tied to the pathological laboratory. Domiciliary consultation by the paediatricians make it possible to decide whether nursing is better carried out in the home or hospital. The district nursing service cared for 1,467 children aged 0 — 5 at home last year. The loan of equipment from the British Red Cross Society and the St. John Ambulance Brigade depots if required helps to make home care possible.

It is felt that early discharge might be increased if close liaison could be established between the paediatric units and the district. This is dependent on the paediatricians being prepared to hand the case back at an earlier stage than at present to the general practitioner and to the nursing service. It does not always seem to be appreciated that this help is available and ready to be used in the field of child as well as adult nursing.

LIAISON ARRANGEMENTS WITH HOSPITALS. These have been under consideration for the past few years and there is a gradual extension of the very valuable meetings of district and hospital workers, usually on hospital premises. It could well at times take place on the district, and it is felt that hospital sisters might be interested to see the homes to which their patients may return. In the maternity field there is close liaison in the majority of instances and this has proved its value. The same kind of co-operation is gradually being established in the paediatric field and in some parts in the geriatric treatment service. Only when this is fully effective can the best use be made of hospital beds and domiciliary services. Such co-operation depends first of all on mutual trust based on full understanding and knowledge of the functions of the two parts. Where this is not established even the transmission of essential information (for instance giving the names of children admitted to hospital) would be of value because the domiciliary worker could then pass to the hospital staff any information which would assist them in deciding the subsequent care of

the child, (as is done for instance with geriatric cases now and maternity cases who may be discharged early). Until hospitals realise, however, that the transmission of such information is of value both to them and to their patients they will continue to withhold it. Notifications of children seen and treated in paediatric units are at present only received automatically in the south of the County. In hospitals with an almoning service there is usually a greater attention paid to social circumstances and consequently more co-operation and follow up is possible.

DISTURBED CHILDREN. There is no outstanding readiness, in spite of the allegations about the welfare state mentality, to take troubles to strangers, which is probably why doctors and nurses may help in some instances in fields in which they may lack the specialist knowledge to assist most effectively. One does not want to create a group of enthusiastic amateurs unwilling to pass cases on, but if they can be advised by the specialist officers who cannot be directly called in, they may do more good work. Some experienced workers rarely need this advice because they have filled the gap for so long and to such good purpose, and they are so well-known and respected by the families, that they help to solve most of the less common problems of the people they know so well. Certainly too, many troubles, if tackled in the early stages, may be settled without the later need for skilled and intensive case work. This principle is being used now in the field of child management and parent guidance and the pioneer work in London and other areas having proved its worth the Ministry circular 3/59 suggested that this co-operation can well be extended throughout the country.

A meeting of Clinic Medical Officers of Somerset held in the Autumn of 1960 discussed the problems of the pre-school years with a psychiatrist and later talks with the Director of the Child Guidance Service planned a possible trial scheme to be initiated in the County. Unfortunately, staff shortage in the Child Guidance field, together with the need to serve those still waiting, made it necessary to postpone the start of this scheme, but it is hoped to put it into operation before too long. It was agreed that a joint staff discussion at the end of a clinic was the best way to increase the knowledge of the child welfare team about behaviour problems in children, and, incidentally, of the psychiatrists about the work of the welfare centre and aspects of normal behaviour. With this increased awareness, clinic staff could handle many of the minor problems more effectively and select those who needed more skilled and intensive help at an early stage. This aspect of the work is particularly important with the toddler group — the older children who are less frequent attenders at the clinics and whose problems may be regarded as a part of 'growing-up' and not perhaps treated as efficiently as they require.

Six per cent of children entering school are said to be maladjusted but if these can receive more attention in the preceding years the proportion might be much reduced.

DAY NURSERIES. The three Day Nurseries in the County have continued to prove their usefulness and provide 74 places with an average daily attendance of 65, in spite of absences because of the epidemics of infection in the community this year. Only 14 children are under the age of two and babies under six months are only accepted in emergency. The 'priority' attenders who average 50% of the occupants, are children from households where mothers are unable to care for them because of illness or because they have to go out to work, or where the mother is absent, and help is being given also to handicapped children such as the deaf, or the physically or mentally handicapped who cannot be accommodated elsewhere. This gives valuable relief to parents and enables the children to play with others on a reasonably equal footing, but the numbers of handicapped must be kept low to balance the Nursery population.

DAILY MINDERS. Under the Nurseries and Child Minders Regulation Act, the County Health Department registers all those providing daily minding. The number of new applications during the year has shown an increase and it seems that this idea of daily minding or play groups will spread and be of value in those areas where there is no Nursery School or Day Nursery. At present there is one factory nursery, three day nurseries and three daily minders registered. Some of those opening "day nurseries" or "play groups" have little experience or knowledge of the needs of groups of children, and education of them is an important function of the County service, which may need to be extended. Visits to or days spent in day nurseries are useful experience.

THE CHILD WELFARE CENTRES continue to provide a remarkably far-flung service, but the increased numbers of inoculations carried out means that less doctor's time is available for the medical examinations and advice. Children are still being discovered at two years or later with physical defects which could have been noted during routine medical examinations and this side of the work must not be allowed to fall by the wayside. In some areas additional medical sessions have been instituted to cope with the increased demands for immunisations.

There are now 120 child welfare centres and 13 health visitor's centres open and these provide 246 sessions a month. During the year three centres were closed because of falling attendances following a local drop in the child population and one new one was opened. 5,166 children under-one attended for the first time (over 60% of the estimated mid-

year child population) and 15,204 (42%) under-fives attended out of the estimated total of 36,400 in the County.

The building of new village halls and community centres makes it possible to improve the working conditions of the staff and the voluntary helpers, who have often provided such an excellent service and welcome to their mothers in spite of most unsatisfactory premises. We continue to be grateful for this help and, although our thanks are only expressed once a year, no doubt the clinic committees find the work brings them much interest and its reward in the appreciation of those they serve.

DISTRIBUTION OF WELFARE FOODS. No change has occurred in our arrangements for the distribution of welfare foods during the year. At the end of the year welfare foods were issued in 207 centres, 75 of this number being child welfare centres. We are indebted to the large number of voluntary workers who undertake this work and with their help the County Council are able to maintain local centres in most of the villages in Somerset. Many of these workers have distributed welfare foods since the war years and this voluntary effort sustained over a very long period makes it possible for a very comprehensive cover to be given throughout the County at a minimum of expense.

Details of welfare foods issued during the past five years are shown in the table below.

During the year the issues of National Dried Milk have once again fallen, whilst other welfare foods remain much the same.

	National Dried Milk (tins)	Cod Liver Oil (bottles)	Vitamins A and D for expectant mothers (packets)	Orange Juice (bottles)
1956	169,034	55,645	23,115	364,083
1957	142,731	50,387	23,383	395,164
1958	116,600	32,752	23,527	249,432
1959	104,984	31,496	24,236	246,467
1960	94,451	30,123	25,665	239,728

The County Dental Officer reports as follows on the service for mothers and young children

I very much regret to have to report a net loss in the number of dental officers during 1960. Our authorised strength is 20 whole-time dental officers and after starting the year with 11 whole-time and 3 part-time dental officers, giving the equivalent of just over 12 whole-time officers we ended with 10 whole-time and 2 part-time, giving the equivalent of just under 11 whole-time dental officers. We have, however, relieved the situation very slightly by appointing during the year, three medical practitioners as dental anaesthetists to assist dental officers at general anaesthetic sessions (instead of two dental officers joining forces for this purpose). These three will release the equivalent of about one half of a dental officer per annum for the more routine forms of dentistry. 179 sessions were devoted to maternity and child welfare patients during the year.

Details of treatment are as follows:

(a) Numbers provided with dental care:

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing Mothers	169	148	146	123
Children under five	411	356	318	164

(b) Forms of dental treatment provided:

	Radio-graphs	Scaling and Gum Treatment	Fill-ings	Silver Nitrate Treatment	Crown or Inlays	Extrac-tions	General Anaes-thetics
Expectant and nursing Mothers	3	43	235	11	—	324	57
Children under five	1	1	136	34	—	588	217

MIDWIFERY AND HOME NURSING

The day-to-day supervision of the Midwifery, Home Nursing and Health Visiting Services continues to be undertaken by the Senior Medical Officer for Maternal and Child Welfare, the County Nursing Officer, her Deputy, and three Area Nursing Officers.

The general policy continues of combined nursing, midwifery and health visiting, with or without school work, and this is considered the right one for a predominantly rural County like Somerset. At the end of 1960 the District Nursing and Midwifery staff consisted of 205 permanent and 37 part-time relief personnel as shown on the table below:—

	On permanent District	Part-time relief staff
Queen's Nurse/Midwives with H.V. certificate	111	0
S.R.N., S.C.M., with H.V. certificate	1	2
Queen's Nurse/Midwives	53	5
S.R.N., S.C.M.	15	7
S.E.A.N., S.C.M.	9	7
Queen's District Nurses (including 4 male Nurses)	9	0
S.R.N.	3	10
S.C.M.	0	2
S.E.A.N.	4	4
	205	37

I have to report continued shortages in staff throughout the year. The increased social services are making a greater claim on the girls who in the past would have turned to nursing. The social service training is of three years duration only and produces a higher salary than that of the nursing staff with four qualifications and five years' training.

Shortage of staff is a National problem and I make no apology for repeating a statement I made in my 1959 report that it is becoming more and more difficult to obtain a very good all-round Nurse/Midwife/Health Visitor suitable to undertake combined duties. In these days when we are in keen competition for trained staff with other Counties, we must, I am sure, continue to provide as good off duty time as possible, pleasant

living conditions for the staff (with some flexibility of our housing programme to meet all needs), the option of providing their own cars and facilities for staff to avail themselves of car loans.

Difficulties are not confined to the recruiting of suitably qualified staff. Several Nurses have been on prolonged sick leave of four months or over, in addition to those who have the ordinary short periods of sickness.

The Health Visitors training has now been lengthened and candidates are away from the County for nine months instead of six. The effect is that many staff are covering two areas for a long period and this tends to create stress and strain especially when joined with the necessity to give increased holidays agreed by the Whitley Council, and the necessity to keep abreast of present day developments by attendance at post-graduate courses. From the work angle this is serious and it is necessary wherever possible to employ part-time Nurses to cover districts and to ease the burden carried by the permanent staff. A great proportion of the permanent staff are women of mature years and we are indebted to them for their energy and hard work.

MIDWIFERY

For the purpose of the Midwives Acts the medical supervisor of Midwives is the Senior Medical Officer for Maternal and Child Welfare, and the non-medical supervision of Midwives is carried out by the County Nursing Officer assisted by her Deputy and Area Nursing Officers, who visit each maternity unit to inspect records and advise on procedure, as well as paying regular visits to the domiciliary midwives. The number of Midwives employed in domiciliary practice at the end of 1960 was 189. The number of deliveries attended by domiciliary midwives has slightly increased from 2,372 in 1959 to 2,496 in 1960. The Midwifery experience available for the rural Midwife has grown less and in some cases may necessitate a practical as well as a statutory refresher course.

Midwives in institutions attended 3,174 deliveries as compared with 2,698 in 1959. Co-operation between Hospital and domiciliary midwifery staff has continued to be good, and early notification of discharges from Hospital enables visits to be paid by the district staff without delay. District Midwives often accompany women in labour to Hospital.

In ante-natal care liaison between midwives and family doctors has increased, and some midwives now attend clinics at doctors surgeries.

Parentcraft and Relaxation classes have been well attended over the year with Midwives, Health Visitors and Physiotherapists taking part in the teaching. Referrals to these classes from General Practitioners are high.

At the end of 1960, 188 domiciliary midwives were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board and 149 Minnitt machines were in use. In 1960, midwives in domiciliary practice administered gas and air in 1,893 cases and pethedine in 1,327. Gas and air analgesia continues to be used in most districts but where there is a demand for trilene, the County Council supply the necessary apparatus in 4 centres and during the year trilene was used in 278 cases, out of which doctors were present at 149.

The use of portable oxygen apparatus by domiciliary midwives for the resuscitation of new born infants has been extended. 125 resuscitators are now available for use and we hope that every midwife in the County will have this apparatus.

HOME NURSING

A total of 327,362 visits were paid by Home Nurses during 1960, 207,906 of these being to 7,901 patients who were 65 years of age or over at the time of the first visit during the year, and a total of 214,829 visits was paid to 2,847 patients who had more than 24 visits during the year. These figures illustrate the demands made on the staff for the nursing of chronic and incurable cases and the heavy demands on the physical resources of the staff.

Co-operation with Hospitals on patients' discharges and treatments has greatly increased and this has aided greatly in the rehabilitation and general welfare of the patients.

The work in connection with the problem of mechanical hoists for invalid and helpless patients has continued, and the apparatus supplied has in many instances reduced the strain on nurses and relatives and enabled many patients to be nursed in their own homes.

The work of the British Red Cross Society and the St. John Ambulance Brigade in supplying medical comforts of all kinds through a large number of depots throughout the County is a valuable part of the Home Nursing Service. A total of over 5,000 articles were loaned during the year. Without these medical comforts, patients would certainly have to remain longer in hospital, and the relief which the medical loan scheme brings to hospital costs must be very great. Apart from the financial angle, the relief on the pressure for badly needed hospital beds and the contribution made to human happiness by helping people to return to their own homes is something that cannot be calculated in terms of money.

To meet the urgent needs of necessitous cancer patients nursed at home, we have been able to make use of the Area Welfare Grant Scheme of the Marie Curie Memorial Foundation.

HEALTH EDUCATION

This is a side of the work which is developing though much remains to be done. The Health Education Nursing Committee (formed last year) meets regularly to discuss various aspects of health education and to map out programmes. The foundation of this Committee has stimulated and encouraged a large number of staff who have availed themselves of new ideas in health education. The use of visual aids, such as posters, leaflets and pamphlets as well as that of film strips has greatly increased as adjuncts to talks. The sound film projectors have been widely used and all the nursing staff are gradually being educated in the use of this apparatus. Although, at present, health education is mainly carried out at Clinics talks have also been given at Technical Colleges and Schools, the growing need being with the young adolescent.

The Quarterly News Bulletin is now an established feature with all members of the nursing staff and includes reports of the Health Education Committee. The nursing administration staff devote much time to health education during the year.

TRAINING

During the year, post graduate training has continued. 32 of the nursing staff attended approved midwifery post-graduate courses and 27 attended other approved courses. Our association has continued with the Taunton and Bridgwater Hospital Management Committees in Part II Midwifery Training Schemes and 13 pupils from the Mary Stanley Home and 15 pupils from Musgrove Park Hospital completed their district training. 7 Nurses completed their Queen's training. Nursing staff have been encouraged to discuss problems affecting their work, and to meet their colleagues whenever possible. We have had our usual quota of British and and foreign students during the year.

HEALTH VISITING

The policy has continued of employing full time Health Visitors in Urban areas on health visiting and school work, and District Nurses/Midwives/Health Visitors on combined work in the rural areas. In some areas of the County such as Frome and Nailsea there are rapid increases of population and in these areas the case loads of the health visiting staff are frequently reviewed. In Keynsham, another full time health visitor has been appointed, and I am satisfied that it is the right policy to train and recruit full time health visitors in such areas.

Some further progress has been made during the year towards a fully qualified health visiting staff as is shown in the table below.

Full time Health Visitors		District Nursing Staff undertaking Health Visitors duties:	
		With H.V. Certificate	Without H.V. Certificate
1948	25	29	130
1954	30	87	74
1958	31	108	47
1959	31	109	36
1960	31	112	34

Health Visitor Scholarships were awarded during the year to County staff and to suitable external candidates. In Somerset we have for long accepted the fact that we shall have some staffing difficulties because selected candidates will be absent from the County for almost a year.

In the Annual Report for 1959, I mentioned that it is my opinion that the Health Visitor is in a unique position as being the only worker in contact with the normal family, and therefore the person to detect any deviation from the normal and to be in the position to call in other specialist social workers. I consider that the Health Visitor is of very great importance in the scheme of things under the new Mental Health legislation as she will be in a position to be aware of any mental illness in its very earliest stages. It is hoped that in-service training in this field will be arranged in the near future.

During 1960, 9,630 families or households were visited by the full time Health Visitors and 20,690 by the District Nurse/Midwife/Health Visitors. The full time Health Visitors also visited 10,507 children under the age of five and District Nurse/Midwife/Health Visitors visited 25,973 such children.

Details of visits paid during 1960 by the Health Visiting staff are given below:—

	Full-time Health Visitors	District Nurse/ Mid wife/Health Visitors
Ante-natal (Institutional confinements)		19,868
Ante-natal (Home confinements) ...		31,859
Post-natal		7,335
Children:		
Under 1 year of age	21,231	60,087
1 — 2 years of age	10,220	30,397
2 — 5 years of age	21,649	41,916
Other visits, including special visits, infectious diseases, care of old people, hospital aftercare, etc. ...	2,959	16,124
Tuberculous households ...	6,239	—

The whole-time tuberculosis visitors made 3,792 visits to tuberculous households.

SCHOOL NURSING

The development of the general policy of Nursing/Midwifery/Health Visiting with school work has continued and this all purpose visiting scheme provides a measure of continuity in that the same visitor knows a child from birth to adolescence. School nursing is a challenge with all the problems of adolescence.

HOUSING ACCOMMODATION

As I have mentioned earlier in this report, I consider that good living accommodation is of primary importance in recruiting and retaining Nursing staff. The progress which has been made during the year with the erection of houses for the District Nursing Staff has been somewhat disappointing but houses were completed at Chew Magna and Chilcompton. Negotiations for the acquisition of sites are however in progress in a number of places in the County and the Health Committee have provided in their yearly building programme for the erection of nine houses. Sites are becoming increasingly difficult to obtain and the County Council

has agreed a policy of acquiring land in advance in areas where Nurses are in sight of retirement.

At the end of the year, the County Council owned 39 houses and rented 51 houses either from private landlords or District Councils for the occupation of the District Nursing Staff.

The Nurses and Midwives Whitley Council notified revised charges for accommodation and services to domiciliary nurses and midwives who practice from furnished or unfurnished houses or rooms provided by the employing authorities, and as from the 1st December, 1960, appropriate rentals having regard to current levels have been charged to the District Nursing Staff.

TRANSPORT

At the end of the year, the County Council provided a fleet of 160 cars for the use of the District Nursing Staff and authorised 60 allowances to Nurses using their own cars.

The County Council's policy of allowing a number of Nurses to use their own cars is greatly appreciated by the staff and I am sure it is the right one.

HOME HELP SERVICE

This service, so few years ago an unknown quantity, and viewed with some suspicion by many potential users, is now accepted as an essential component of the National Health Service. Its growth, at the outset of its career almost alarmingly rapid, is now more gradual and restrained and is due as much to the large number of long-term recipients as to the number of new applications.

During the year 1960 help was sent to 3,527 households, against 3,381 in 1959, an increase of 146. Of these, no less than 1,245 had received help for over twelve months, an increase of 57 long term cases. New applications numbered 1,900 against 1,787 in 1959. The number of cases on the books at 31st December, 1960, was 1,992, an increase of 229 on the 1,763 on the books at 31st December, 1959.

AREAS. To date the county has been divided into five areas, Weston-super-Mare, Bridgwater, Yeovil, Midsomer Norton, and Taunton, with an area office in each. We find, however, that greater use is made of this service in towns with an elderly and migratory population, and that Weston-super-Mare, with a large percentage of its population retired persons with no relatives and few friends within call, is the chief. The service is also very widely used in the towns of Clevedon and Portishead, and in this area alone, which includes the rural district of Long Ashton, help was sent to no less than 571 households, to assist elderly persons during the year 1960, and to 415 other cases. As the work entailed became too onerous for one area organiser and her assistant, the area has been divided, Clevedon, Portishead and Long Ashton rural district comprising one area, and Weston-super-Mare and Axbridge rural the other.

TYPES OF APPLICATIONS. After showing a slight increase in numbers for the past two years, there was a slight drop in maternity bookings in 1960, due to a decrease in the Yeovil area. Of the 412 maternity cases helped, 97 received full time help, 33 full time residential help, 183 help for mornings only, and 99 help for a few hours daily. There was an increase in the numbers of applications for post and pre-natal help.

The number of tubercular patients decreases year by year, but more use is gradually being made of the service to assist persons suffering from mental illnesses. An increase of 50 applications for help after operations indicates that hospitals are making more use of Home Helps after discharging patients. Old age cases continue to be our largest commitment and during 1960 this category numbered no less than

2,146, an increase of 177. Some of this increase is, however, due to the fact that year by year a few of the chronic sick receiving help reach pensionable age.

STAFFING. The number of Home Helps on the register at 31st December, 1960, was 713, the majority being part-time workers. This was an increase of only 63 over the number employed in 1959, with 229 more cases on our books.

The work undertaken by Home Helps has been described by the unitiated as "just housework", but their duties may have a far wider scope than the somewhat varied duties of a housewife. As the conditions of service improve year by year, and also as the work of the service comes more into the public eye, so also the standard expected of Home Helps tends to rise. We should therefore be thankful that so many women are prepared to undertake work which, though it provides unlimited scope, also provides many unpleasant and onerous duties. With full employment for women in all parts of the county, the problem of recruitment after twelve years is causing considerable concern, more especially in the Long Ashton rural district. When faced with the choice of employing more women of a lower standard or maintaining our high standard with a slightly reduced service, I feel it is in the public interest to choose the latter.

Home Helps are selected by their area organisers with as much care as possible, but the homes which they are expected to attend are chosen for their medical need only. This means that women as yet untrained and therefore unarmed against many possible difficulties except by their innate kindness and commonsense, are faced with many problems and many temptations. The fact that there are so few complaints or troubles speaks volumes for their efficiency and integrity. It also reflects favourably on the organising staff.

CO-OPERATION. By dint of long experience organisers of this service acquire an instinct which enables them to assess in some degree the state of health of a patient and the amount of help required to enable them to live in their own homes in reasonable comfort. This instinct must not be trusted too far. It is therefore essential for the organiser to keep in touch with the patient's doctor, the district nurse, or the Health Visitor, if she is in any doubt whatever as to the amount of help desirable, particularly as there are many instances where too much help can be as detrimental to a patient's well-being as too little.

It is also one of the organiser's many duties to contact other services, both voluntary or statutory, for the patient's benefit, particularly

if the patients have no relatives to act for them. The wide knowledge possessed by the Home Help Organiser of the needs of the housebound, aged, and chronic sick, is much used by voluntary organisations, more especially when a district nurse is not attending.

The more advanced hospitals for the chronic sick now warn the service some time in advance if a patient is to be discharged home, thus enabling arrangements to be made for a Home Help to prepare the house for the patient's homecoming. The very fact that many of the elderly are now discharged from these hospitals is most helpful to the service, as it enables those who are too ill to be adequately nursed at home to get a hospital bed with the minimum of delay.

Almoners of other hospitals are also increasingly helpful in that they warn the organiser as far as possible in advance when a patient is to be discharged home.

The service also co-operates very happily with the wardens of old people's flats and almshouses when the warden attends to the smaller needs of the patient while the Home Help copes with the washing, cooking and cleaning if these are beyond the powers of the aged occupants.

By degrees more contact is of necessity being made with the Mental Health officers and welfare workers of Mental Hospitals.

INSANITARY CONDITIONS. In spite of the care now taken of the aged there still remain the few who by reason of their anti-social habits are overlooked or who, for some reason, resent any interference in their private affairs. These few may be living in very insanitary conditions, either from age or infirmity, or from idleness or indifference. To prevail on these persons to accept help may be a matter of extreme difficulty and may be impossible until or unless the patient is admitted to hospital when a clean home to return to is a condition of their discharge. Two Home Helps are sent together to deal with these very unsavoury problems, under the supervision of an organiser or assistant. In most instances the local sanitary authorities are most helpful and co-operative, and undertake the fumigation, the initial heavy lifting, and the removal of refuse. Home Helps undertake these very unpleasant tasks cheerfully and willingly, and show none of the resentment which is liable to be shown when helping the feckless but able-bodied mother of a problem family.

While a few of these houses revert to their old conditions in spite of the continued presence of a Home Help, the percentage of successes is high while the percentage of successes with problem families is low.

ORGANISING STAFF. The organising staff now consists of a county organiser, five area organisers, two assistant organisers, two part-time case workers, and one trainee, with the equivalent of six full-time clerks. 14,114 visits were paid during the year. An organiser or assistant is expected to visit all chronic cases at least once every two months, while short-term cases are visited according to their need. These routine visits at times appear unnecessary, but without their preventative influence, the service could not run so smoothly, would become rapidly out of control, and would doubtless in many instances be abused.

Much generous help continues to be given by many voluntary visitors, more especially in the outlying parts of the county.

	Old age	Chronic sick	Mental illness	T.B.	Post operation	Maternity	Post and pre-natal	Emergency illness	Family help	Others	Total for year	
											1960	1959
Weston-super-Mare Ceased Continued	174 (156)	43 (54)	7 (2)	3 (5)	53 (43)	101 (94)	29 (18)	23 (24)	9 (7)	44(27)	486	(430)
	397 (353)	61 (68)	2 (3)	2 (3)	14 (13)	8 (3)	— (6)	3 (1)	2 (-)	11(2)	500	(452)
Midsomer Norton and Wells Ceased Continued	97 (140)	16 (27)	5 (-)	3 (-)	15 (18)	88 (89)	25 (22)	10 (19)	4 (13)	21(12)	284	(340)
	471 (429)	76 (58)	1 (-)	1 (-)	9 (6)	3 (4)	9 (4)	— (-)	1 (2)	—(8)	571	(512)
Bridgwater Ceased Continued	85 (84)	27 (26)	4 (1)	3 (1)	25 (9)	64 (57)	12 (14)	28 (30)	1 (7)	1(1)	250	(230)
	255 (229)	48 (76)	5 (2)	2 (8)	5 (3)	3 (3)	3 (2)	2 (6)	1 (1)	1(1)	325	(331)
Yeovil Ceased Continued	68 (93)	12 (40)	3 (4)	1 (4)	27 (14)	56 (81)	23 (32)	25 (25)	6 (2)	1(-)	219	(295)
	275 (200)	20 (19)	4 (1)	4 (3)	8 (-)	— (-)	3 (2)	3 (1)	1 (-)	- (-)	318	(226)
Taunton Ceased Continued	117 (105)	23 (33)	3 (8)	1 (2)	17 (19)	88 (89)	25 (21)	28 (30)	4 (5)	20(11)	326	(323)
	207 (180)	37 (54)	2 (4)	1 (1)	4 (2)	1 (-)	5 (-)	1 (1)	- (-)	- (-)	258	(242)
TOTAL Ceased Continued	541 (578)	121(180)	22(15)	11(12)	137(103)	397(410)	114(107)	114(128)	21(34)	87(51)	1565	(1618)
	1,605(1,391)	242(275)	14(10)	10(15)	40(24)	15(10)	20(14)	9(9)	5(3)	12(11)	1972	(1762)
	2,146(1,969)	361(455)	36(25)	21(27)	177(127)	412(420)	134(121)	123(137)	26(37)	99(62)	3537	(3381)

	Full time	Resident	Part time	Few hours
Total on books at 31st December, 1960,	34 (17)	5 (3)	40 (35)	22 (29)
Total on books at 31st December, 1959,	21 (22)	4 (4)	37 (47)	26 (21)
Total on books at 31st December, 1958,	13 (12)	4 (2)	47 (24)	3 (18)
	10 (20)	3 (6)	25 (52)	30 (3)
	19 (21)	17(18)	34 (28)	18 (22)
	97 (92)	33(33)	183 (166)	99 (93)

Maternity Cancellations	Weston 26 (27)	Midsomer Norton 17 (17)	Bridgwater 22 (9)	Yeovil 16 (15)	Taunton 21 (10)	Total 102 (78)
New Cases Visited	Weston 540 (479)	Midsomer Norton 107 (382)	Bridgwater 327 (269)	Yeovil 307 (270)	Taunton 333 (371)	Total 1,914 (1,771)
Abortive Visits	Weston 31 (32)	Midsomer Norton 36 (40)	Bridgwater 26 (17)	Yeovil 18 (15)	Taunton 29 (30)	Total 140 (134)

VACCINATION AND IMMUNISATION

DIPHTHERIA IMMUNISATION

The table shows that 7288 children under fifteen years of age received a primary course of injections in 1960, and a further 8228 received reinforcing injections as compared with 3240 in 1959.

Of the 'underfives', 6333 received primary immunisation, and this figure compared with the total live births of the previous year, gives a percentage of 83.

The corresponding percentages for the previous years are :—

1959	5657	75%
1958	5661	77%
1957	4552	64%
1956	5375	77%

The increase in the number of diphtheria injections given during the year can be attributed to the lessening of demand for poliomyelitis vaccination which had previously taken priority.

There were no cases of diphtheria reported.

SMALLPOX VACCINATION

The figures for the primary vaccination of 'under-fives' show an increase, there being a total of 4224 as compared with 3703 in 1959.

This represents 55 per cent of the live births of 1959.

WHOOPING COUGH VACCINATION

During the year 6190 children completed a primary course of vaccination either with plain whooping cough vaccine or with whooping cough vaccine in combination with other prophylactics.

POLIOMYELITIS VACCINATION

Early in the year the Minister of Health extended the arrangements for vaccination against poliomyelitis by offering it to all persons who, at the time of their application, had not reached the age of 40 years and also to the following small groups:—

(a) Persons going to visit or reside in a country outside Europe, other than Canada or the United States of America.

(b) Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants, and their families.

(c) Practising nurses not working in hospital (those working in hospital are already eligible) and their families.

(d) Public health staff who might come into contact with poliomyelitis cases, and their families.

The table shows that during the period under review, 8513 children in the 1943-60 age group, 3583 young persons in the 1933-42 age group and 11829 persons born before 1933 who had not reached the age of 40 years were vaccinated with two injections. In the priority groups 393 persons received protection.

Reinforcing injections are normally given seven months after the second injection of the primary course, and 55609 of these injections were given.

Since the inception of the Scheme 152562 persons have received a primary course of two injections and, of these, 127267 have received a third (reinforcing) injection.

YELLOW FEVER VACCINATION

Persons requiring this vaccination are those who propose to travel to certain countries where the possession of a certificate of Yellow Fever Vaccination is a condition of entry, or who wish to be vaccinated for their own protection when going to a Yellow Fever infected area.

Vaccinations are required by the International Sanitary Regulations to be performed at Centres designated by the Ministry of Health and, with effect from 1st July, 1960, the Minister approved the establishment of a Yellow Fever Vaccination Centre in Taunton.

Vaccinations are arranged by appointment and fifty-five persons have been vaccinated this year.

DIPHTHERIA IMMUNISATION, 1960

District	Total primary immunisations, 1960			Total reinforcements 1960	Total Live Births 1959
	Under 1 year	1-4 yrs.	5-14 yrs.		
RURAL					
Axbridge ...	239	93	55	367	392
Bathavon ...	199	47	15	346	327
Bridgwater ...	192	69	85	614	348
Chard ...	102	25	1	152	148
Clutton ...	151	72	33	358	248
Dulverton ...	29	12	4	37	59
Frome ...	111	33	9	138	186
Langport ...	133	26	18	269	195
Long Ashton ...	257	72	46	472	382
Shepton Mallet	80	27	25	235	151
Taunton ...	163	47	18	251	296
Wellington ...	70	29	5	72	104
Wells ...	99	47	26	199	169
Williton ...	103	23	1	119	171
Wincanton ...	172	44	50	395	273
Yeovil ...	278	70	25	152	467
Totals	2378	736	416	4176	3916
URBAN					
Bridgwater ...	268	104	134	457	446
Burnham ...	102	14	68	294	154
Chard ...	66	14	1	6	70
Clevedon ...	104	16	17	201	138
Crewkerne ...	54	7	2	2	50
Frome ...	123	40	12	248	167
Glastonbury ...	76	15	11	156	107
Ilminster ...	25	13	-	27	38
Keynsham ...	105	57	21	355	266
Minehead ...	81	22	3	39	87
Norton Radstock	183	22	17	200	209
Portishead ...	67	29	41	187	108
Shepton Mallet	36	28	20	180	80
Street ...	96	24	17	207	96
Taunton ...	289	129	46	383	491
Watchet ...	27	4	-	13	32
Wellington ...	66	34	19	110	121
Wells ...	40	13	4	85	84
Weston-super-Mare	339	99	65	491	608
Yeovil ...	293	95	41	411	368
Totals	2440	779	539	4052	3720
County totals	4818	1515	955	8228	7636

SMALLPOX VACCINATION

Number of persons vaccinated (or re-vaccinated) in the
year ended 31st December, 1960.

Age groups:—		Under 1		1		2 to 4		5 to 15		15 or over		Totals	
		P	R	P	R	P	R	P	R	P	R	P	R
RURAL													
Axbridge ...		163	—	16	—	7	—	5	2	3	17	194	19
Bathavon ...		116	—	8	—	14	2	12	9	7	7	157	18
Bridgwater ...		163	—	11	—	6	—	6	1	2	3	188	4
Chard ...		84	—	5	—	1	—	1	—	—	—	91	—
Clutton ...		74	—	8	—	4	—	6	—	3	1	95	1
Dulverton ...		32	—	2	—	—	—	2	—	1	6	37	6
Frome ...		52	—	5	—	—	—	3	2	2	8	62	10
Langport ...		131	—	4	—	3	—	3	—	1	2	142	2
Long Ashton		168	—	14	—	9	1	7	—	2	7	200	8
Shepton Mallet		61	—	5	—	—	—	2	1	—	2	68	3
Taunton ...		150	—	7	—	11	1	7	1	2	—	177	2
Wellington ...		57	—	4	—	4	1	1	2	—	1	66	4
Wells ...		69	—	8	—	7	—	1	4	—	2	85	6
Williton ...		93	—	8	—	3	1	2	2	—	6	106	9
Wincanton ...		149	—	18	—	10	—	6	4	—	9	183	13
Yeovil ...		284	—	13	—	16	1	16	1	6	1	335	3
Totals		1846	—	136	—	95	7	80	29	29	72	2186	108
URBAN													
Bridgwater ...		139	—	10	—	8	—	2	7	1	4	160	11
Burnham ...		90	—	7	—	16	—	5	3	—	10	118	13
Chard ...		26	—	5	—	—	—	1	3	—	2	32	5
Clevedon ...		108	—	12	—	4	2	7	5	3	9	134	16
Crewkerne ...		44	—	—	—	1	1	—	1	2	—	47	2
Frome ...		79	—	8	—	8	—	1	—	—	—	96	—
Glastonbury ...		48	—	1	—	2	—	—	—	1	—	52	—
Ilminster ...		26	—	6	—	—	—	—	—	—	1	32	1
Keynsham ...		146	—	5	—	8	—	1	—	1	—	161	—
Minehead ...		85	—	2	—	4	1	2	1	3	4	96	6
Norton Radstock		70	—	3	—	5	—	10	—	1	3	89	3
Portishead ...		86	—	5	—	3	—	3	1	3	17	100	18
Shepton Mallet		46	—	1	—	—	—	3	—	1	—	51	—
Street ...		64	—	3	—	14	—	8	—	2	2	91	2
Taunton ...		284	—	15	—	10	2	12	3	7	6	328	11
Watchet ...		12	—	5	—	—	—	—	—	—	—	17	—
Wellington ...		58	—	4	—	3	—	3	—	1	—	69	—
Wells ...		35	—	5	—	1	—	—	3	—	1	41	4
Weston-super-Mare		200	—	10	—	12	1	22	—	4	9	248	10
Yeovil ...		259	—	18	—	18	2	17	1	6	3	318	6
Totals		1905	—	125	—	117	9	97	28	36	71	2280	108
County totals		3751	—	261	—	212	16	177	57	65	143	4466	216

P — Primary Vaccination
R — Re-vaccination

WHOOPING COUGH IMMUNISATION

Number of children who completed a primary course (normally 3 injections) of pertussis vaccine (singly or in combination) in the year ended 31st December, 1960.

District	Under 1	1	2	3	4	5-14	Totals
RURAL							
Axbridge ...	240	73	13	6	4	3	339
Bathavon ...	186	36	4	3	2	4	235
Bridgwater ...	187	49	7	7	4	—	254
Chard ...	98	16	2	3	2	—	121
Clutton ...	139	53	6	7	1	1	207
Dulverton ...	29	8	4	—	—	4	45
Frome ...	107	34	2	1	1	1	146
Langport ...	128	21	4	1	—	10	164
Long Ashton	251	57	5	4	3	4	324
Shepton Mallet	87	18	5	2	1	3	116
Taunton ...	158	31	10	3	1	2	205
Wellington ...	69	19	3	4	2	4	101
Wells ...	92	32	6	1	—	2	133
Williton ...	88	20	3	—	—	—	111
Wincanton ...	159	47	19	10	7	4	246
Yeovil ...	255	46	14	1	3	3	322
Totals:	2,273	560	107	53	31	45	3,069
URBAN							
Bridgwater ...	268	79	8	8	5	1	369
Burnham ...	97	7	4	3	—	3	114
Chard ...	66	8	—	2	2	1	79
Clevedon ...	100	10	—	3	—	3	116
Crewkerne ...	54	4	1	—	—	—	59
Frome ...	75	26	7	1	—	—	109
Glastonbury	72	14	4	—	—	1	91
Ilminster ...	25	10	2	1	—	—	38
Keynsham ...	103	36	10	1	4	3	157
Minehead ...	81	19	1	2	1	2	106
Norton Radstock	173	16	5	1	—	5	200
Portishead ...	68	28	—	1	—	2	99
Shepton Mallet	36	20	3	2	1	5	67
Street ...	96	19	3	2	—	3	123
Taunton ...	282	83	15	13	5	11	409
Watchet ...	27	2	1	—	—	—	30
Wellington ...	65	23	8	—	3	1	100
Wells ...	40	11	1	1	—	—	53
Weston-s-Mare	342	59	11	5	8	4	429
Yeovil ...	264	78	19	3	3	6	373
Totals:	2,334	552	103	49	32	51	3,121
County totals:	4,607	1,112	210	102	63	96	6,190

POLIOMYELITIS VACCINATION

Number of persons who received a course of primary vaccination (two injections) and number of persons who received a third (reinforcing) injection during the year 1960.

	Children born 1943-1960	Young Persons born 1933-1942	Persons under 40 years of age	Persons over 40 years in Priority Groups	No. of persons (all groups) who received a third (reinforc- ing) injection
RURAL					
Axbridge ...	530	267	371	17	3180
Bathavon ...	456	195	374	6	2288
Bridgwater ...	336	151	540	30	2203
Chard ...	121	29	206	44	1568
Clutton ...	290	132	296	10	2065
Dulverton ...	68	32	62	1	441
Frome ...	141	59	158	4	1378
Langport ...	200	89	230	14	1089
Long Ashton	519	228	781	12	2606
Shepton Mallet	130	58	201	2	892
Taunton ...	264	109	386	12	2072
Wellington ...	106	45	171	8	848
Wells ...	145	53	171	3	1096
Williton ...	267	90	388	7	1221
Wincanton ...	234	87	404	12	1588
Yeovil ...	433	155	677	20	2477
Totals:	4240	1779	5416	202	27012
URBAN					
Bridgwater ...	510	212	865	36	3992
Burnham ...	144	57	312	8	866
Chard ...	87	23	198	9	858
Clevedon ...	141	70	239	7	830
Crewkerne ...	49	25	50	2	401
Frome ...	186	63	225	2	1643
Glastonbury	100	25	138	3	546
Ilminster ...	29	8	37	5	297
Keynsham ...	297	98	404	4	1650
Minehead ...	86	29	143	7	451
Norton Radstock	211	96	381	5	1943
Portishead ...	309	117	226	6	772
Shepton Mallet	161	54	193	6	465
Street ...	132	52	339	4	711
Taunton ...	493	178	772	30	4194
Watchet ...	58	16	88	2	234
Wellington ...	129	82	179	6	891
Wells ...	94	23	164	1	726
Weston-s-Mare	629	371	622	32	4100
Yeovil ...	428	205	838	16	3027
Totals:	4273	1804	6413	191	28597
County totals:	8513	3583	11829	393	55609

AMBULANCE SERVICE

GENERAL

There were 8,246 more patients carried during the year than in 1959, a rise of nearly 5%, and, similarly, 43,994 miles more were run. This increase has necessitated additional staff appointments and minor changes in the composition of the vehicle fleet. The table below gives the detailed information:—

	Patients	Mileage	Average Distance travelled per patient
1959			
Ambulances ...	51,164	467,535	9.14
Sitting-case Vehicles ...	76,364	606,631	7.93
Cars	35,124	230,868	6.57
Totals — Service Vehicles	162,652	1,305,034	8.02
Hospital Car Service	7,934	31,991	4.03
Private Hire ...	952	5,264	5.53
All Vehicles ...	171,538	1,342,289	7.82
1960			
Ambulances ...	55,754	482,337	8.65
Sitting-case Vehicles ...	89,577	696,021	7.77
Cars ...	26,281	165,642	6.30
Totals — Service Vehicles	171,612	1,344,000	7.83
Hospital Car Service	7,286	37,000	5.08
Private Hire ...	886	5,283	5.96
All Vehicles ...	179,784	1,386,283	7.71

The British Red Cross Society continue manning the Ilminster Station at nights and weekends by voluntary effort, and the Castle Cary Detachment's volunteers assist the paid staff to provide a 24-hour

service at the Castle Cary Station.

The Agency arrangements with the St. John Ambulance Brigade continue, although during the year the voluntary Stations at Timsbury, Chard and Portishead were closed. It is regretted that Stations such as these, which have provided a volunteer service for a number of years, have to be closed but the commitments of a present-day Ambulance Service do not permit the use of intermittent voluntary effort.

CONTROL

The radio installations at Taunton, Weston-super-Mare and Glastonbury, are manned on a 24-hour basis, and at Yeovil from 7.30 a.m. to 10.0 p.m. each day. During the year 2 additional mobile sets were installed, making a total of 69 radio equipped vehicles at 31st December. The following table shows the disposition of these sets:-

Control Area	Ambulances	Dual-purpose sitting-case Ambulances	Cars	TOTAL
Group 1 Taunton	11	8	2	21
Group 2 Weston-s-Mare	9	9	2	20
Group 3 Glastonbury	8	7	3	18
Group 4 Yeovil	4	5	1	10

The flooding at Yeovil and Taunton during the week ended 29th October, 1960, caused a breakdown of the telephone lines to each of the Group Control Offices at Taunton and Yeovil. Post Office Engineers very quickly had emergency cables rigged but until the service was restored arrangements were made for all ambulance calls to be routed to the respective Police Control Rooms. From there ambulance personnel used the radio of a vehicle parked outside to communicate with the Group Control Offices.

At Taunton the main transmitter/receiver station at Culmhead was out of action because of failure of the land line connecting it to the Station, but by means of the reserve transmitter/receiver and the relaying of calls via a vehicle stationed on high ground outside the town boundary, control was maintained until the land line was restored.

The continued increase in the number of patients has a direct bearing on the volume of radio messages with the inevitable result that the present, one frequency, system is being overloaded.

After enquiry the Radio Services Department of the General Post Office agreed in principle to the use of different frequencies for the Northern and Southern parts of the County. Unfortunately, it was found,

on test, that interference was caused to neighbouring radio users. The changeover to narrow channel equipment which has to be made before June, 1964, will, however, eliminate this interference and plans are being made for the introduction of two channel equipments as and when replacements are due.

STAFF

To cope with the steady rise in the number of patients carried 7 new appointments had to be made at the following Stations during the year:—

Churchill	2
Glastonbury	1
Norton Radstock	1
Shepton Mallet	1
Taunton	1
Weston-super-Mare	1

The establishment at 31st December, 1960, was :—

Ambulance Station	Station Officers	Senior Drivers	Driver Attendants	TOTAL
SOMERSET COUNTY COUNCIL				
Castle Cary	—	1	3	4
Churchill	—	1	3	4
Ilminster	—	1	2	3
Paulton	—	—	1	1
Shepton Mallet	1	2	5	8
Taunton	1	4	16	21
Yeovil	1	2	7	10
ST. JOHN AMBULANCE BRIGADE				
Bridgwater	—	1	5	6
Clevedon	—	2	6	8
Frome	—	—	2	2
Glastonbury	1	2	6	9
Minehead	1	—	6	7
Norton Radstock	—	1	7	8
Portishead	—	1	2	3
Wells	—	—	1	1
Wellington	—	—	1	1
Weston-super-Mare	1	2	15	18
TOTALS	6	20	88	114

VEHICLES

The following 7 new vehicles were provided, one of which was the replacement of a vehicle taken out of service the previous year:—

2 large Bedford dual-purpose ambulances on Bedford chassis-at Weston-super-Mare;

4 small dual-purpose ambulances on Bedford chassis — 1 each to Weston-super-Mare, Taunton, Glastonbury and Yeovil Stations;

1 Ford Consul car at Taunton.

During the year 4 ambulances and 1 car were withdrawn from service and sold.

The fleet now contains 32 small dual-purpose sitting-case ambulances, 4 more than the previous year. They are admirable vehicles for routine sitting-case work but have the added advantage of being able to carry stretcher patients if needed and are comparatively economical to run.

The total number of vehicles in service at 31st December was 80, distributed as follows:—

VEHICLES

Ambulance Stations	Ambulances	Small dual-purpose sitting-case ambulances	Cars	TOTALS
SOMERSET COUNTY COUNCIL				
Castle Cary	1	2	—	3
Churchill	—	2	—	2
Ilminster	2	1	—	3
Paulton	—	1	—	1
Shepton Mallet	1	3	1	5
Taunton	5	4	2	11
Yeovil	3	3	1	7
Totals	12	16	4	32
ST. JOHN AMBULANCE BRIGADE				
Bridgwater	2	3	—	5
Cheddar	1	—	—	1
Clevedon	3	2	—	5
Frome	1	—	—	1
Glastonbury	2	3	1	6
Highbridge	2	—	—	2
Minehead	2	1	1	4
Norton Radstock	4	1	—	5
Portishead	1	1	—	2
Wedmore	1	—	—	1
Wellington	—	1	—	1
Wells	1	—	—	1
Weston-super-Mare	6	4	2	12
Totals	26	16	4	46
Reserve	2	—	—	2
Grand Total	40	32	8	80

HOSPITAL CAR AND HIRE SERVICES

The Hospital Car Service is still maintained and Hire Services continue to be used but not to the same extent as in previous years.

RAIL TRAVEL

The number of patients carried has risen slightly when compared with 1959. As yet the British Railways' modification plans have not caused any inconvenience, and very few patients who have to be transported any distance outside the County are conveyed by road. The staffs

of British Railways and the Nursing members of the St. John Ambulance Brigade and British Red Cross Society who travel as escorts, are very helpful and without their willing co-operation and assistance most of the journeys could not be undertaken.

	Stretcher		Sitting		Total	
	Patients	Mileage	Patients	Mileage	Patients	Mileage
1959	168	19,550	587	46,392	755	65,942
1960	163	19,663	622	48,953	785	68,616

Total equivalent road mileage:—

1959 — approximately 131,000

1960 — approximately 137,000

PREMISES

The new Ambulance Station and Control Office at Glastonbury was completed early in the year and operations commenced from there on 1st February, 1960.

Arrangements have been made for the building of new Stations and Control Offices at Yeovil and Weston-super-Mare to be started in the coming year, and it is hoped that the erection of small Stations at Bridgewater and Churchill will also be carried out in 1961.

CANCER AND TOBACCO SMOKING

The Ministry of Health have asked for a reference to be made this year in relation to Tobacco smoking and the possible risk of cancer. The Ministry of Health first raised this matter in 1958 and following the receipt of their circular the County Council accepted the need for a limited amount of propaganda against smoking. It was thought, however, that although the dangers of smoking should be brought to the notice of the general public a special concentration should be made on children. As regards the public, posters have been displayed with the help of the Urban and Rural District Councils and other local health organizations, and as regards children a special leaflet was prepared and has been distributed to school leavers over a period of two years.

The County Health Committee have taken the view that the adult population of the County generally is well aware of the risks or possible risks through smoking, and the development of lung cancer, and it was thought unlikely that the limited amount of propaganda which was possible would have any material affects on smoking habits. They did, however, think that there might be some real benefit accruing from a direct approach to children.

It cannot be said that public reaction to propaganda of this sort is particularly noticeable. There is, of course, always a short period following press and other campaigns concerning a particular danger of this sort when the public are interested, and to some extent apprehensive; but my feeling is that within a short time they revert to their previous habits. It is difficult to say what effect our propaganda has had on children, but I must admit that it is not thought likely that the efforts we have directed towards school children have had any widespread effect.

PREVENTION, CARE AND AFTER-CARE

TUBERCULOSIS

Dr. D. de W. Kitcat, Senior Consultant Chest Physician, has provided information for the following report:—

NOTIFICATIONS:

These at 158 show a further reduction but local temporary increases may well occur from time to time as local outbreaks are uncovered. As before the greatest number of cases are found in men between 45 – 65 years whilst Tuberculosis in women is becoming increasingly uncommon.

PARTICULARS OF PULMONARY CASES NOTIFIED:

Year	New cases notified	Transfers from other Authorities	Total	Contacts seen
1955	298	89	387	1,238
1956	200	65	265	1,279
1957	192	92	284	1,537
1958	216	79	295	1,583
1959	185	72	257	1,876
1960	158	61	219	1,430

TUBERCULOSIS NOTIFICATIONS, 1960, BY AGE GROUPS

Age Groups	New cases (excluding transfers from other Authorities)			
	Pulmonary		Non-Pulmonary	
	M	F	M	F
0 – 1	0	0	0	0
2 – 5	5	2	2	0
5 – 10	4	1	2	1
10 – 15	1	4	1	1
15 – 20	6	6	3	1
20 – 25	13	5	1	2
25 – 35	14	16	1	3
35 – 45	17	4	2	2
45 – 55	22	3	1	4
55 – 65	21	1	3	1
65 and Over	8	5	2	2
Totals:	111	47	18	17

POST MORTEM NOTIFICATIONS:

There were 14 cases of tuberculosis during 1960 which were not formally notified before death. These cases were in two categories, as follows:—

- (1) Diagnosed after Post Mortem examination
1 female (pulmonary) aged 50
- (2) Diagnosed on a doctor's certificate

Pulmonary	Non-Pulmonary
5 males (ages 55, 71, 77, 78, 83)	5 females (ages 49, 54, 60, 65, 82)
3 females (ages 19, 30, 54)	

CHEST HOSPITALS:

QUANTOCK CHEST HOSPITAL. The total bed complement remains the same but for all practical purposes is limited to the 60 beds (28 male and 32 female) in the main building. At the 31st December, 1960, 18 male and 27 female beds were unoccupied. In addition, the 15 chalet beds were not in use. The 60 beds in the main building are more than adequate seeing that the total number of T.B. patients in the Quantock and Taunton Chest Hospitals together have always totalled less than 40 during the year. Owing to the shortage of Nursing Staff and the few female patients (4 or 5) it was not practicable to keep the top floor open for female patients, but all patients were accommodated in the ground floor wards. The Government decision to cease to pay an additional £20 per annum to nurses working in T.B. Hospitals plus the fact that Quantock Chest Hospital no longer qualifies as a centre for the B.T.A. Certificate, have made it more difficult than ever to get nurses. Quantock has one advantage, however, in that it possesses some accommodation for staff married couples, and occasionally nurses are obtainable if accommodation is provided for their families.

The average occupancy for the year was 22 as compared with 29 in 1959.

	MEN	WOMEN	TOTAL
Admissions for the year:	44	30	74
Discharges for the year:	49	32	81
Deaths during the year:	3	3	6

TAUNTON CHEST HOSPITAL. The bed complement remains the same at 26 (14 male and 12 female). The average occupancy for the year was 15. On the 31st December, 1960, there were 6 male and 8 female beds unoccupied.

	MEN	WOMEN	TOTAL
Admissions for the year:	33	15	48
Discharges for the year:	28	18	46
Deaths during the year:	4	0	4

At this hospital the same difficulty is being experienced in getting trained nurses. This is of course common to all types of hospital – general and special – and is due to the wage structure. Nurses pay has been increased but compares very unfavourably with factory wages where an unskilled girl of 17 can bring home £10 per week. It is unlikely that sufficient nurses will be forthcoming unless their wages are substantially increased and, as already indicated, nurses require additional inducement to nurse in T.B. hospitals.

The patients length of stay in hospitals is now much shorter than it used to be, often being four months only after which they return home and to work whilst continuing their drug treatment for a total of two years.

OTHER HOSPITALS

The number of T.B. patients admitted to other hospitals during the year was 80.

CHEST CLINICS

The new cases seen at the chest clinics numbered 5,161 and were classified as follows:—

Pulmonary Tuberculosis

T.B. Negative	46	
T.B. Positive, stage 1	28	
T.B. Positive, stage 2	28	
T.B. Positive, stage 3	<u>9</u>	111

Non-Pulmonary Tuberculosis

Bones and Joints	2	
Abdominal	5	
Other organs	3	
Peripheral glands	<u>4</u>	14

Not Tuberculosis	5,032
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Diagnosis not complete on 31st December, 1960	<u>4</u>
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<u><u>5,161</u></u>

Chest clinic attendances have been as follows:—

Clinic	1958	1959	1960
Bath (County) ...	1,208	969	847
Bridgwater ...	5,339	4,980	4,086
Chard ...	1,006	933	860
Clevedon ...	535	568	447
Frome ...	401	280	385
Minehead ...	1,106	1,303	1,649
Radstock ...	804	794	738
Shepton Mallet	549	512	377
Taunton ...	7,784	8,614	7,330
Wells ...	—	—	303
Weston-super-Mare	4,784	4,529	3,945
Yeovil ...	3,058	2,677	2,537
Totals:	27,096	26,584	23,504

The number of new cases seen and of clinical attendances in general show a further diminution. Most of this fall in numbers represents the reduction in Tuberculosis and therefore the previously large number of contact examinations over a large period of years. The public demand for the investigation and treatment of non-tuberculosis chest illness remains unabated.

MASS RADIOGRAPHY:

Year	Numbers examined		Active cases found	Active cases per thousand examined		
	Male	Female		Male	Female	Total
1957	19,344	16,037	12	0.26	0.43	0.34
1958	20,779	14,396	30	0.82	0.90	0.85
1959	14,682	9,528	24	0.82	1.20	0.99
1960	20,196	14,354	25	0.74	0.69	0.72

In addition to the above, there were 78 cases (42 male and 36 female) with inactive tuberculosis.

TUBERCULOSIS DEATH RATES:

The death rate for the year was 0.073 compared with 0.084 in 1959.

CHIROPODY

Early in 1959 a circular was received from the Ministry of Health asking Local Authorities to put forward proposals for establishing, or expanding, Chiropody services as part of their arrangements for the prevention of illness under Section 28 of the National Health Services Act, 1946. In December, 1959, the County Health Committee approved a scheme for setting up this service which was to commence officially in April, 1960. In the meantime it was agreed that some help could be given to voluntary organizations who were in difficulty financially with their chiropody work.

In accordance with the circular the treatment in the main was to be made available to three classes of people, namely the elderly, the physically handicapped and expectant mothers. For the purpose of our scheme the elderly were taken to refer to men over 65 years of age and women over 60 years of age.

The scheme started slowly, partly because our finance was limited and partly because of difficulties in obtaining the services of private chiropodists, who were reluctant to accept the fees approved by the appropriate Whitley Council, because these were considerably less than they were able to obtain in their private practices. However, the scheme has maintained a slow but steady growth and as far as I can judge appears to be satisfying the immediate needs of the community.

In the main, treatment is provided either privately by chiropodists in their own surgeries, or in old peoples' clubs which have a chiropody service as part of their arrangements. In the County at the end of the year there were something like thirty clubs and organizations for elderly people where the services of a chiropodist were available; and to these clubs we have made grants to enable them to continue the service, and in fact the grant in the main covers the whole of the cost of provision of chiropody. It will be appreciated that many of these clubs have been providing a chiropody service for a number of years and have raised their own funds voluntarily, but with increasing demands they have found difficulty in financing their arrangements and were glad to receive from the County Council grants to enable them to continue. Clubs are left to conduct their chiropody schemes in their own way, subject to certain basic rules, which have been made to ensure general compliance with the County Scheme and to provide some control of finance. Approximately 4,500 treatments were given to club members during 1960, and several new clubs and organizations have started chiropody services during the year and grants have been made to these new clubs and help given in finding suitable chiropodists.

In addition to the work done through clubs, over 1,000 people have asked their doctors for certificates stating they are in need of chiropody treatment, and have then made arrangements through their own chiropodists for this treatment, which is subsidized by the County Council.

The County Council have authority to make charges for this treatment, and in drawing up the scheme it was decided that the patient should pay a flat rate of 2s. 6d., the balance of the fee being paid to the chiropodist by the County Council.

Chiropodists also attend, on a sessional basis, various homes and institutions for the elderly at the request of the County Welfare Committee.

I believe this chiropody scheme has met a real need amongst elderly people, who have greatly benefited by it. I must add, however, that much chiropody was provided in the past by organizations running clubs and it would have been almost impossible to have started this service so easily without the very considerable co-operation, which was so willingly given by the organizers of these clubs and by chiropodists throughout the County.

MENTAL HEALTH SERVICES

ADMINISTRATION

The Mental Health Act, 1959, came fully into operation on the 1st November, 1960, and as a result the duties and responsibilities of the County Council as Local Health Authority were considerably increased in every branch of the Mental Health Services, particularly in the field of community care of mentally disordered patients.

Since 1948, except for statutory functions in relation to the mentally ill, the local health authority's experience in dealing with the mentally disordered has been in connection with the care and after-care (including Guardianship) of mentally sub-normal, and severely sub-normal patients. As the new Act introduces the general term "mental disorder" which embraces "mental illness", "sub-normality" and "psychopathic disorder", the functions of the local health authority now relate to both sub-normal, psychopathic, and mentally ill patients.

In my Annual Report for 1959 I outlined the proposals of the County Council in respect of residential accommodation for mentally disordered children and adults and the provision of day centres, social clubs and other activities and, in particular, plans for the expansion of training centres which it was hoped could be implemented during the three-yearly period, 1959 - 1962.

These Proposals, which were formally made by the County Council in March, 1960, were approved, with modifications, by the Minister of Health in September, 1960, are included in this report.

Since my last Annual Report a start has been made with the building of the new junior training centre at Yeovil and the hostel for some 25 children attending that centre. When this work is completed the present centre will be adapted for the accommodation of male adult patients.

The new centre at Bridgwater, to which I made reference, has disappointingly not been started because of difficulties in obtaining a site in the town. This obstacle has now been overcome and, a suitable site having been found, it is hoped that building may commence in 1961 on this very much needed new centre. As in the case of Yeovil, the present training centre building will accommodate male patients of 16 years and over.

Extensions for adults are proposed at Radstock and Weston-super-Mare Training Centres.

Great encouragement has been found in the fact that the Committee have decided to acquire Cliffe View, Cheddar, for use as a residential hostel for employable, or potentially employable, female mentally disordered patients over the age of 16 years. Certain alterations and adaptations are required but the building is suitable for up to 15 patients and, provided staff are available to fill the posts of matron and assistant matron, this project should come into existence early in 1961. Looking to the future, it is felt that having run the hostel for a year to 18 months we should be in a better position to decide what the demand for this type of accommodation is, and whether it will be necessary to acquire a similar property elsewhere in the County or whether it would be better to build a purpose-built unit.

It is hoped shortly to select a sizeable house and adapt it for the accommodation of some 20 - 25 elderly mentally infirm patients and the Committee consider that such a unit would be best located in one of our seaside resorts unless an accessible property in the countryside can be acquired. Again the proposal to erect a purpose-built unit has been abandoned temporarily until sufficient experience is gained of the functions of the Local Health Authority in this type of work.

Throughout the year efforts have been made to find suitable accommodation for adult male mentally disordered patients, bearing in mind the need to establish any such unit where there are reasonable prospects for employment and where, if necessary, the project can be linked with one of the adult training centres. In my view, such a hostel should be located in an urban area where the facilities mentioned are available, and in fact where community life for the patients is possible in the widest sense, having regard to the measure of supervision and control which will be necessary.

STATISTICAL INFORMATION

The following summarises the visits paid by Mental Welfare Officers under the Mental Deficiency Acts during the period ended 31st October, 1960.

Guardianship Cases	Statutory Supervision	Non-Statutory Supervision	Other M.D. Work	Total Visits
841	1,881	528	1,921	5,171

The following is a summary of visits paid by the Mental Health staff to sub-normal patients during the two months ended 31st December, 1960.

Guardianship	Aftercare	Other	Total visits
258	1,440	884	2,582

The Cases Committee have met on four occasions during the period ended 31st October, 1960, and the following action was taken:-

	1959	1960
Placed on Statutory Supervision	79	40
Placed on non-Statutory Supervision	19	22
Discharged from supervision	85	39

The Committee met on one occasion during the two months ended 31st December, 1960, and took the following action:-

Aftercare	32
Transfer to Guardianship of Local Health Authority	29
Discharge from Guardianship	22

The following summarises the cases dealt with by the Council's Mental Welfare Officers under the Lunacy and Mental Treatment Acts 1890 - 1930, during the period 1st January to 31st October 1960:-

Certified Cases	Voluntary Cases	Temporary Cases	Removed under Court Order	Informal Admissions	Sections 11, 20 & 21 Lunacy Act	Total Admissions	Other Action	General Total
42	25	3	—	430	291	791	4,611	6,192

During the two months ended 31st December the following cases of mental illness were dealt with :-

Informal	Section 25/29	Section 26/30	Total Admissions	Other Action
93	47	11	151	10

STAFF

TRAINING CENTRES

During the year an Assistant Teacher at each of the Radstock and Yeovil Training Centres was seconded on full salary for the full-time year's Diploma Course arranged by the National Association for Mental Health at Bristol. Both candidates were successful and returned to duty as fully qualified Assistant Teachers.

An unqualified assistant at Taunton Training Centre has been recommended to undertake the full-time year's Diploma course for Instructors in Adult Centres arranged by the National Association for Mental Health at Birmingham.

MENTAL WELFARE OFFICERS

While all our trainee Mental Welfare Officers have not had the opportunity of the University courses due to the demands of the service itself, two trainees are at present completing a Diploma Course at Exeter and one Mental Welfare Officer is in the final year of his studies at Exeter. Another is attending classes at Bristol University in preparation for the Applied Social Studies Course ultimately leading to a psychiatric social work qualification.

A further two Mental Welfare Officers who wish to proceed with their University training course have been recommended for secondment for one year's full-time study each in 1962 and 1963 respectively.

SOCIAL WORKERS GENERALLY

Because of the close association of the Mental Health Services staff with those of the psychiatric hospitals in this County, an arrangement has been made with the Management of the Hospital Group which enables the hospitals social workers to assist mental welfare staff in the County or alternatively, to supervise a number of patients formerly on licence from the hospital but now under the guardianship or after-care of the Local Health Authority in selected employment. In reciprocation the Mental Welfare Officers of the Local Health Authority are readily available for work in the hospitals concerned. This scheme appears to function very well and the interchange of staff is a very happy feature of the present measure of co-operation which exists between the hospitals and the Local Health Authority.

It is hoped at a future date to consider whether it is practicable to supplement the present informal arrangement whereby Health Visitors

assist Mental Health Services staff in the early care and visiting necessary in the cases of young severely sub-normal children and in certain cases of the elderly mentally infirm living at home.

There is undoubtedly much to be done in this branch of community care work in mental health. In the meantime experience is being gained of the efficacy of the present arrangements, and the measure of the problems involved in care and after-care work generally.

The following table shows the number of pupils and outworkers under instruction at the end of the December quarter 1960:—

Centre	Places	Registered Pupils	Outworkers	Total	Waiting List
Bridgwater	32	46	—	46	3
Glastonbury	50	35	—	35	1
Lopen	20	21	—	21	1
Radstock	50	48	7	55	—
Taunton	32	44	5	49	5
West Somerset	—	—	—	—	4
Weston-super-Mare	50	43	1	44	3
Yeovil	32	38	—	38	1
Bath	—	8	—	8	—
Bristol	—	—	—	—	1
Total	266	283	13	296	19

The Training Centres are staffed as follows :—

Centre	Head Teacher	Assistants	Domestic Helpers	Escorts	Caretaker	Total
Bridgwater	1 (W)	3 (W)	—	2 (P)	1 (P)	4 (W) 3 (P)
Glastonbury	1 (W)	3 (W)	—	3 (P)	1 (P)	4 (W) 4 (P)
Lopen	1 (W)	1 (W)	—	—	1 (P)	2 (W) 1 (P)
Radstock	1 (W)	4 (W)	1 (P)	3 (P)	1 (P)	5 (W) 5 (P)
Taunton	1 (W)	4 (W)	—	1 (P)	1 (P)	5 (W) 2 (P)
Weston-s-Mare	1 (W)	5 (W)	1 (P)	4 (P)	1 (P)	6 (W) 6 (P)
Yeovil	1 (W)	4 (W)	—	2 (P)	1 (P)	5 (W) 3 (P)
Total	7 (W)	24 (W)	2 (P)	15 (P)	7 (P)	55

W — Whole-time staff

P — Part-time staff

* — Includes untrained assistants

GENERALLY

I acknowledge with gratitude the very valuable assistance afforded to me, and to staff in the Mental Health Services during 1960, by medical practitioners, the Courts, Magistrates, the Mendip, Sandhill Park and Tone Vale Hospitals and the Regional Hospital Board in many ways, and not least by staff in other Departments of the County Council. That the changes brought about by the new legislation have been effected smoothly is in no small measure due to the excellent co-operation between all those responsible for mental health in this County.

I would particularly like to thank the Chairman and Visiting Justices appointed by Quarter Sessions under previous legislation, for their help in maintaining the very high degree of understanding and skill when dealing with the cases of the large number of patients previously detained in Hospital or under Guardianship in this County. The clerkship has been held for several years by the Mental Health Officer to whom I am also much obliged. This work ceased on the 31st October after almost fifty years continuous and harmonious process. seldom acknow-

ledged and for the most part unrecognised. The passing of the function of Magistrates, like the Board of Control, is in keeping with the informality and spirit of the new Act, but the work of these statutory bodies merits our special thanks. Their functions in modified form now transfer to the Mental Health Review Tribunals.

COUNTY OF SOMERSET

NATIONAL HEALTH SERVICE ACT, 1946

SECTION 28

PROPOSALS MADE BY THE SOMERSET COUNTY COUNCIL ON THE 22nd MARCH, 1960, UNDER SECTION 20 OF THE NATIONAL HEALTH SERVICE ACT, 1946, FOR THE PROVISION OF MENTAL HEALTH SERVICES UNDER SECTION 28 OF THE ACT AND APPROVED WITH MODIFICATIONS, BY THE MINISTER OF HEALTH ON THE 9th SEPTEMBER, 1960.

1. Introduction

This outline is divided into two parts, A and B, of which Part A is a statement of the services which are already being provided. This statement is not part of the submitted proposals but is supplied because it may be helpful to those who read the proposals. It is therefore excluded from the scope of consultation with, or recommendations by, the bodies mentioned in Section 20(2) of the National Health Service Act, 1946, upon which copies of the formal proposals are required to be served. Part B consists of the Council's new proposals which are submitted for the Minister's approval under Section 20 of the Act of 1946 and contain a description of their plans for the period up to April, 1963, and a further general statement of their subsequent intentions.

The Mental Health Act, 1959, places additional responsibility upon the Council in connection with the care and welfare of mentally disordered persons in their area. Thus, increased provision will be made as the need arises, in relation to the prevention of mental ill-health and the care and after-care of mentally disordered persons living in the community.

2. General

A. The proposals in sub-paragraph B are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act. Existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts, 1890 – 1930, and the Mental Deficiency Acts, 1913 – 1938, continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959; the arrangements relating to duties under the repealed Sections will then cease to have effect.

B. The Council will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular they will provide, or cause to be provided, such of the following facilities as may be found to be necessary :—

- (1) Junior Training Centres.
- (2) Adult Training Centres.
- (3) Home Training.
- (4) Residential accommodation.
- (5) Day Centres.
- (6) Social Clubs.
- (7) Home Visiting Service.

3. Organisation and Staff of the Services

A. The following is, in outline, a description of the existing organisation and staffing arrangements :—

The Council's Health Committee has appointed a Mental Health Sub-Committee with the following functions :—

To exercise and carry out the powers and duties conferred or imposed on the Council as Local Health Authority in relation to the treatment of mental illness and mental deficiency, including the prevention of illness and the care and after-care of persons suffering from mental illness.

The County Medical Officer of Health administers the Mental Health Services, assisted by his Deputy, who acts as Senior Medical Officer for Mental Health. The non-medical administration is carried out

under the direction of the County Medical Officer of Health by the Mental Health Officer assisted by a senior administrative assistant and appropriate administrative and clerical staff.

A number of Hospital consultants and other specially experienced medical practitioners have been approved by the Council and act in an advisory capacity carrying out clinical examinations and giving such certificates as may be required under present legislation. These officers are employed on a part-time basis as occasion demands. All have special experience of the diagnosis or treatment of mental disorder and six hold consultant medical appointments at Mental and Mental Deficiency Hospitals.

The field staff of social workers covering the four areas into which the County is divided for this purpose, consists of a Superintendent and 10 Mental Welfare Officers (one of whom is a qualified psychiatric social worker). They are assisted by two Assistant Mental Welfare Officers. The establishment has recently been augmented by the appointment of two additional Mental Welfare Officers in anticipation of the coming into force of the Mental Health Act, 1959.

A training scheme for new entrants intending to become Mental Welfare Officers has been in operation for the past eight years. Training is of the 'In-Service' variety and encouragement and assistance is given to Trainees to obtain a Diploma in Social Science at either Exeter or Bristol University as may be practicable.

There are at present three officers under training and, in anticipation of increased work, three further trainees are being recruited.

In addition, all mental health services staff have been given the opportunity of attending, amongst other appropriate courses, specially arranged residential staff courses which have been held at the Council's College for Adult Education every two or three years as convenient.

A close link is maintained at all levels with general medical practitioners and with the mental and mental deficiency hospitals. There are periodic meetings of senior members of the Council's mental health staff and the hospital staffs and day-to-day consultations between field staff, individual medical practitioners and hospital medical and other staff.

B. In addition to the existing arrangements, the Council intend to increase their staff employed in the mental health service and in particular intend to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation. The following

additional arrangements are contemplated for strengthening the link with hospitals, general practitioners and other agencies, and for the provision of services through voluntary bodies or the agency of other local health authorities :-

The Medical Superintendents of the two major mental hospitals in Somerset have agreed to provide special facilities for case and consultative meetings of the Council's area field staff on a regular weekly basis. This is expected to strengthen the link with the hospitals in connection with both the preventive aspect of mental health work and care and after-care in the community.

General medical practitioners will be kept informed of developments by regular correspondence and area meetings will be arranged if possible through the Executive Council and such other agencies as may be practicable.

In appropriate cases the Home Visiting Service will be supplemented by the voluntary services of the Somerset Association for Mental Welfare.

The Council will take whatever measures are necessary including secondment and in-service training, to ensure that their staff of all grades are adequately trained and/or qualified.

4. Junior Training Centres

A. Seven centres providing approximately 250 places are at present available for the under 16 age group. The following arrangements have been made with voluntary bodies :-

A local Committee has been established at each Centre to assist in the general management and to make recommendations as to various matters connected therewith. Where appropriate the local Branch of the National Society for Mentally Handicapped Children is encouraged to share in the social activities; and the Somerset Association for Mental Welfare continue to assist and give financial help in special cases.

Ancillary services such as meals, medical inspection and speech therapy classes are provided as follows :-

Except for one Centre where meals are cooked on the premises, the school meals service is available.

Medical inspections are carried out regularly by members of the Council's School Health Staff, and speech therapy is provided, in appropriate cases, as often as can be arranged.

B. In addition to the existing arrangements, the junior training centres are expected to develop on the following lines :—

The Council intend to provide places in Junior Training Centres for all children who can benefit from training, and to continue the provision of meals and medical services, including dental services when possible and speech therapy where necessary. Many children will be able to attend on a daily basis and special transport arrangements will continue to be provided where necessary.

For those children beyond reasonable daily travelling distance, or in the case of those who for any other reasons are, in the opinion of the Council unable to attend daily, hostels will be provided at certain centres where the children can live during the week and return to their homes at weekends. In certain cases longer residential care may be necessary and such children will return home only for the main school holidays.

Three new junior training centres are proposed to be built within the next five years and in each case the present Centre will be used as an Adult Centre. (One project, i.e. Yeovil, which includes a residential hostel, has already been approved by the Minister and work is expected to commence in the very near future). At the remaining four centres additional buildings and/or classrooms will be provided to meet future requirements. Further provision elsewhere will be made if necessary.

5. Adult Training Centres

A. Seven centres providing approximately 50 places are available for the 16 and over age group.

There are no purpose-built adult centres in Somerset. Use is made of existing facilities special classroom accommodation being provided for adults where possible.

The types of work now available at the training centres are :—

Adult females are trained in simple domestic work, including cooking or housecraft in addition to handicrafts.

Adult males are given instruction in such subjects as simple carpentry, rug and mat making and other general handicrafts.

B. In addition to the existing arrangements, the adult training centres are expected to develop on the following lines :—

The Council intend to develop adult training centres either directly or by arrangement with voluntary organisations. Where practicable, voluntary organisations (e.g. the Somerset Association for Mental Welfare, and local branches of the National Society for Mentally Handicapped Children) will be encouraged to provide residential hostels for adults who live too far distant from the Centres to be able to attend daily.

Such voluntary activities will be supported by grants or loans as may be appropriate.

The Council's plans are expected to provide (within the next five years) places for most suitable cases. Thereafter further provision will be made if necessary. Meals may be provided and transport will be provided if necessary.

6. Residential Accommodation

A. The Council have at present no residential accommodation for the mentally disordered, but the hostel mentioned in paragraph 4B above should be available for use at about the end of the financial year 1960/61.

B. In addition to the above-mentioned hostel the following development of residential accommodation is envisaged :—

The Council intend to provide, as the need arises, residential accommodation for mentally disordered persons either directly or by arrangement with other authorities and/or voluntary organisations, or by boarding out as may be appropriate.

Priority will be given to the following proposals during the next three-year period :—

- (1) Hostels for children attending junior training centres as described in paragraph 4B above.

- (2) Hostels for various male and female adult groups needing care.
- (3) Hostels for the elderly mentally infirm – 2 hostels to accommodate 50 male and 50 female patients.
- (4) Holiday Home – for the boarding out or short-term care of up to 20 mentally handicapped children, by arrangement with any voluntary organisation providing a suitable service; the Council being responsible for the cost of each child's maintenance.

While the foregoing list of priorities is not intended to be a complete programme the Council consider that it is the maximum which is practicable within the next three years in view of financial, staffing and building considerations. Additional residential accommodation will be provided later if necessary.

7. Home Training

A. Home teachers have not been appointed, but at each training centre certain junior and adult patients who, because of distance to be travelled or physical disability, are unable to attend, are placed on the "Out-Workers" list and are visited by a Centre Teacher as often as possible each term so as to provide instruction and occupation.

B. The Council will consider the establishment of a Home Teaching Service as the need arises. In such cases provision would be made for:—

- (a) children who are unable, either by reason of distance or otherwise, to attend the existing junior training centres, and
- (b) adults who are not gainfully employed and/or are not in reach of training centres provided either directly by the Council or voluntary organisations, to receive tuition and instruction in their own homes or at residential hostels referred to in paragraph 5B above, or in groups at suitable centres.

8. Day Centres, Social Clubs and other activities

A. The Council do not at present provide this type of facility.

Voluntary organisations have, with the help of the Council in their capacity as local education authority, sponsored the establishment

of one social club for mentally and educationally retarded youths. In addition, special classes have been arranged by the Education Committee at the request of the Health Committee for instruction in primary educational subjects, e.g. writing, reading and simple arithmetic.

B. In addition to the existing arrangements, the following developments are intended :—

The special classes referred to in A. will be continued and developed as necessary.

Local voluntary organisations (primarily the Somerset Association for Mental Welfare) will be encouraged to develop Clubs where necessary and grants or loans for this purpose may be paid towards the cost thereof.

The Council propose, either themselves or through the agency of voluntary organisations, to provide such clubs or amenities for mentally disordered persons as may be found necessary.

9. Home Visiting Services

A. The following are the general arrangements for home visiting to provide care and after-care :—

The functions of the Council's staff of Health Visitors include home visiting for the purpose, inter alia, of giving advice "as to the care of young children and persons suffering from illness".

Where specialist help is needed in this important aspect of preventive mental health work, the matter is dealt with in consultation with the mental health services staff and the general medical practitioner and/or consultants concerned, as appropriate.

Long term care and after-care work in mental health is carried out by mental welfare officers acting in consultation with the medical staff of the Council and of the several hospitals in the county and with the continued assistance of the general medical practitioners.

Use is made of the existing Somerset Association for Mental Welfare voluntary visiting service in certain cases as circumstances demand.

B. In addition to the existing arrangements, the following developments are intended :—

The Home Visiting Service will be developed on general lines outlined in A above as may be found necessary to implement the Council's increased responsibilities.

The Council will make such arrangements as may be necessary to allow the mental welfare staff to take suitable training and will encourage them to do so.

10. Guardianship

When the present statutory provisions relating to guardianship are replaced by those contained in the Mental Health Act, 1959, the Council propose to carry out the new functions both in relation to persons placed under their guardianship and to those in the guardianship of others.

WATER SUPPLIES

My opening remarks on Water Supplies last year commenced "the prolonged dry summer has created problems". The same could not be said of 1960 with a mean rainfall of 46.11 inches, according to figures supplied by the Somerset River Board, compared with 33.69 inches in 1959. October stands out as being the wettest month of 1960 and in many places was the wettest month of the century. For instance, on the 8th October, the day of very serious flooding, at Luxborough, in the Rural District of Williton, there was a rainfall of 4.05 inches which included a fall of nearly three inches in two hours. This was classified by the Meteorological Office as being of "Very Rare Intensity".

Extensions or improvements of supplies carried out during the year were as follows. Future proposals are also shown.

BOROUGHS AND URBAN DISTRICTS :

TAUNTON. The majority of the work carried out during the year by the Borough Council has been concerned with the Clatworthy Reservoir Scheme. The final stage, that is the Filter Station at Maundown, should be completed during the summer of 1961. In order to obtain a limited supply the Corporation installed temporary filters and in July, 1960, this plant was brought into service. Since that time 65,396,000 gallons of water have been filtered to augment water supplies to Taunton Corporation and the Rural Districts of Taunton and Williton. With regard to the total amount of water used for all purposes, this amounted to 746,814,000 gallons. The River Otter supply yielded 239,219,000 gallons during the year which represents 34.11 per cent of the water available from all sources.

On the 22nd April, 1960, the Clatworthy Reservoir was full and overflowing for the first time and has been consistently full since that date. The capacity of the Reservoir has now been calibrated and the total is 1,180,000,000 gallons at 7½ ft. above the lowest draw-off.

RURAL DISTRICTS :

BATHAVON. An extension to serve properties in the Parish of St. Catherine was completed. This work was carried out by the Bath Corporation.

BRIDGWATER. A new 6" main to augment existing supplies was laid from Puriton to East Huntspill, also a 3" main from Greinton to

Greylake, to replace existing service pipes. With regard to the scheme for Broomfield and Merridge a starting date is expected early in 1961.

DULVERTON. No major works were carried out during the year but the District Council are hoping to proceed with the replacement and improvement of supplies in the Dulverton and Brushford area. This is estimated to cost £7,680.

FROME. The District Council completed two schemes, one for the Village of Laverton, which comprised an extension of the mains from Woolverton, and the other a small extension from Wanstrow through Clifton to Nunney Catch. The cost of these two schemes amounted to approximately £5,800. It is anticipated that the extension of the main at Kilmersdon to serve the school area will be completed early in 1961.

LANGPORT. Only minor extensions were carried out during the year. The District Council are pressing forward with their outline scheme for supplies to the Western Parishes. The scheme is anticipated to cost in the region of £47,950.

SHEPTON MALLET. The Bristol Waterworks Company are to provide a mains water supply to the Parish of Cranmore and a small part of Doultong Parish to replace the existing polluted private supplies to West Cranmore village and the area of Waterlip.

TAUNTON. At Kingston St. Mary main laying is now in progress. This is within the Taunton Corporation Area of Supply and is part of the Clatworthy Scheme. Future proposals are concerned with the Parishes of Durston, West Hatch and Tolland.

WELLINGTON. The Northern and Central Parishes Scheme which will link most of the supplies in the district with the Taunton Borough Council's Clatworthy project was commenced during the year. The total cost of this scheme is estimated to be £200,000.

WELLS. Various extensions are proposed but now that Wells Rural District Council's water undertaking has been taken over by the Bristol Waterworks Company they will be responsible for carrying out the work.

WILLITON. Considerable progress has been made during the year in connection with the District Council's Clatworthy Scheme. Other

works include laying part of the mains from Willett to Bilbrook (£11,000), a small extension at Culverhayes, in the Parish of Bicknoller, (£400), and the improvement of supplies in the Porlock area, (£7,500). At Flaxpool, in the Parish of Crowcombe, a sum of £2,500 has been expended on works of improvement to the reservoir.

WINCANTON. The District Council's Comprehensive Scheme was virtually completed at the end of the year and apart from one or two small replacements or extensions required to serve new areas of development no further works are proposed.

YEOVIL. The 6" trunk main from Marston Magna to West Camel which was commenced in 1959 has now been completed. In addition the Council have laid 6" and 4" mains to Larkhill, in the Parish of Brympton and a 3" main to Burton, in the Parish of East Coker. The District Council are to proceed shortly with the relaying of a 3" main at Hardington Marsh. The estimated cost of this will amount to £2,000.

REGROUPING OF WATER UNDERTAKINGS :

(a) West Somerset Area.

Active steps for the regrouping of water undertakings in this area have been somewhat delayed and at the end of the year no positive recommendations had been made as to the form regrouping should take.

(b) Wessex Area

Negotiations are proceeding for the formation of a Joint Water Board. A Draft Order has been prepared which is being considered by the Constituent Authorities. The earliest date of operation is likely to be in 1962.

(c) Mendip Area

So far as this area is concerned, considerable progress is being made and the present position regarding regrouping is as follows :—

Boroughs and Urbans		Rurals	
Clevedon	) Undertakings	Axbridge	) Undertakings
Glastonbury	) operated by	Clutton	) operated by
Keynsham	) Bristol	Long Ashton	) Bristol
Portishead	) Waterworks	Shepton Mallet	) Waterworks
Shepton Mallet	) Company	Wells	) Company
Weston-super-Mare	)		

Boroughs and Urbans

★Wells
 +Burnham-on-Sea
 +Frome
 ♦Street
 ♦Norton Radstock

Rurals

+Bathavon
 +Frome

★ The Bristol Waterworks Company are due to take over this undertaking on the 1st April, 1961.

+ Amalgamation with Bristol Waterworks Company agreed in principle but terms not decided.

♦ Amalgamation discussed but no official decision reached.

Excluding those Orders concerned with Regrouping of Water Undertakings, the following have been considered and approved during the year.

BRIDGWATER WATER ORDER, 1960

The Borough Council made application to the Minister for an Order empowering them until 31st December, 1960, to reduce compensation water discharged from their Durleigh Reservoir into the Durleigh Brook to 100,000 gallons per day.

THE BRISTOL WATERWORKS COMPANY AGREEMENT

The Bristol Waterworks Company requested approval to a proposal to enter into an agreement with the Church Commissioners for England to supply water in bulk for the Parishes of Priddy, Westbury and St. Cuthbert Out in the Rural District of Wells.

CONDITIONS OF CONTRIBUTION

The review of the conditions of contribution towards Water Supplies and Sewage Disposal Schemes of Rural District Councils to which I referred in my last report, is still under discussion with the Somerset Branch of the Rural District Councils' Association.

Samples of raw and treated water submitted for bacteriological and chemical examination numbered 939 and 1,750 respectively.

The following figures refer to samples taken from well water supplies :-

	Boroughs and Urbans		Rurals	
	No. Taken	Satisfactory	No. Taken	Satisfactory
Bacteriological	31	14	378	181
Chemical	—	—	13	8

Details concerning the substitution of piped supplies for well water and other sources of supply during 1960 were as follows :-

	Boroughs and Urbans	Rurals	Total
Well water ...	3	89	92
Private source	—	35	35
Other (Springs, etc.)	—	26	26
Wells closed during year ...	3	39	42

Schemes approved prior to 1960 but costs and/or proposals revise and re-submitted :-

Rural District	Scheme	Revised Cost		
		£	s.	d.
Bridgwater	Fiddington Water Supply	9,820	0	0
Taunton	Eastern Parishes Water Supply ...	57,400		0

Schemes approved under the Rural Water Supplies and Sewerage Acts, 1944 – 55, during the year were as follows –

Rural District	Scheme	Estimated Cost (as submitted)		
		£	s.	d.
Bridgwater	Long Term Proposals – First Stage Works – High level water tower to serve Ashcott... ..	2,500	0	0
Bridgwater	Broomfield and Merridge Water Supply	21,800	0	0
Bridgwater	Pawlett, Puriton, East and West Huntspill – Augmentation of Water Supply	30,000	0	0
Bridgwater	Greinton – Augmentation of Water Supplies	3,460	0	0
Langport	Water Lane, Somerton – Water Supply to Housing Site	393	0	0
Langport	Westcombe, Somerton – Extension of Water Main	1,815	0	0
Shepton Mallet	West Cranmore, Waterlip and Doult- ing Extensions	9,589	0	0
Williton	Clatworthy Reservoir Scheme – St. Audries Reservoir (Contract No. 12)... ..	8,400	0	0
Williton	Stogursey Water Supply – Castle Street to Lower Monkton Farm Extensions	2,609	0	0
Williton	Treborough Water Supply	1,100	0	0
Williton	Clatworthy Reservoir Scheme – Con- tract No. 11 – Laying of water mains Willett to Bilbrook ...	50,000	0	0
Williton	Clatworthy Reservoir Scheme – Ex- tension of water mains to serve Kingswood and Culverhayes ...	1,347	0	0
Williton	Clatworthy Reservoir Scheme – Cen- tral Parishes (Reservoir No. 2, Woodford)... ..	20,775	0	0
Williton	Western Parishes Water Supply ...	18,000	0	0
Williton	Clatworthy Reservoir Scheme – Cen- tral Parishes – Reservoir No. 3 at Grove Copse, Williton ...	23,500	0	0

(continued overleaf)

Rural District	Scheme	Estimated Cost (as submitted) £ s. d.		
Wincanton	Lower Balsam Fields Housing Site, Wincanton – Extension of Main	850	0	0
Wincanton	Development of Water Undertaking – Laying of mains at Charlton Musgrove and Brewham (Section No. 18)	4,040	0	0
Yeovil	Larkhill Lane, Brympton – Ex- tension of mains... ..	5,500	0	0
Yeovil	Hardington Marsh – Renewal of main	1,300	0	0
Yeovil	Castle Farm, Stoke-sub-Hamdon – Renewal of main	550	0	0
Yeovil	Extension of Water Main at Burton, East Coker	550	0	0
		£208,078	0	0

SEWAGE DISPOSAL

Expenditure on sewage disposal continues at a high level, and is likely to do so for several years to come before all villages in the County are adequately sewered. This is a service which is costly to provide, often in the region of £300 per property, and it is to be hoped that where sewers are provided, all property owners will make a special effort to get their drainage systems connected.

Schemes carried out or still in progress during the year are as follows :—

BOROUGHES AND URBAN DISTRICTS

BRIDGWATER. The District Council have now completed the reconstruction of the sewer at Monmouth Street and the final estimated cost is given as £48,409. The reconstruction of the sewer at Eastover is still in progress. The cost here is given as £180,000.

BURNHAM-ON-SEA. The District Council's scheme for the overhaul and relief of the sewerage system, allowing for future development, is now being discussed with the Ministry of Housing and Local Government. It is anticipated that the cost of this work will amount to somewhere in the region of £900,000.

CHARD. Work in connection with the diversion of surface water which had been infiltrating into the Council's sewer has now been completed. The District Council stated that approximately 300,000 gallons per day had been percolating into the sewer at Crowshute and that further works are necessary to prevent this.

CREWKERNE. The modernisation of the Eastern Outfall Sewage Disposal Works and sewerage system which has now been in progress since the end of 1959 was not completed during the year as planned. It is anticipated that the completion date will be March, 1961.

PORTISHEAD. The future proposals of the Council are largely linked with the Long Ashton Rural District Council's sewerage scheme for the Nore Park and Redcliffe Bay areas for which the Urban District will be required to carry out certain works within the boundary and which it is estimated will cost £38,000. In addition, a sewerage scheme is proposed for the Wetlands Lane/Clevedon Road area which will also accommodate the drainage from the North Weston Parish in Long Ashton

Rural District. The scheme will involve new pumps at Bristol road, new rising main and construction of a relief sewer. The cost is estimated at £26,000.

SHEPTON MALLET. Work on the enlargement of the Sewage Disposal Works at Darshill, which includes the introduction of recirculation, and which has been necessitated by the large volume of strong trade effluent being received at the Works, is now in progress.

STREET. The District Council's proposals to provide two new percolating filters and carry out other ancillary works at their Sewage Disposal Works at an estimated cost of £10,000 were still in progress at the end of 1960. Further filters and sludge drying beds are included in the District Council's proposals. These will cost approximately £8,000.

TAUNTON. Future proposals of the Borough Council include the provision of a storm water relief sewer along the Wellington Road (£9,500), and the provision of foul sewers at Priorswood, (£3,000).

WATCHET. The District Council's scheme for connecting existing outfall sewers and making one outfall to low water mark has now been completed at an estimated cost of £19,000.

WELLINGTON. Work on the provision of 1,573 yards of 6" and 190 yards of 4" sewer at Westford and Rachfield and the installation of a duplicate pumping plant has now been completed. In addition a small disposal works at Farthings Pitts has been constructed. The total cost of the whole amounts to approximately £13,000.

WELLS. Over 1,500 yards of 6" and 4" main has been laid during the year. In addition work is progressing on the provision of a Sewage Pumping Station at Goodymoor.

WESTON-SUPER-MARE. The Council have now completed the Black Rock Outfall Sewer in connection with their Main Drainage Scheme and the estimated cost of this is given as approximately £250,000. Further works in connection with this scheme and which are still in progress are concerned with the Pumping Station (£320,000), and the tunnel contract for the main sewer between the Pumping Station and Winterstoke Road and this work is now 50 per cent complete. The value of the contract is £160,000. Further works in connection with this scheme comprise the extension of the main trunk sewer from the tunnel contract up

to just east of Hutton Moor Road. Work on the Town Development Scheme is also proceeding and it is anticipated that the contract will be completed by the end of 1961. The contract figure for this is £32,000.

RURAL DISTRICTS

AXBRIDGE. The Sewerage and Sewage Disposal Scheme for Congresbury, the provision of a new Pumping Station at Cheddar and new Works at Wrington, were all completed during the year. The total cost of this work amounted to £72,000. With regard to the District Council's future proposals, plans are well advanced for a Sewerage Scheme for Wedmore, (£44,400), and Hutton, which is to be coupled with improvements to the Banwell Sewerage Scheme, (£38,000).

BATHAVON. The scheme for Freshford has now been completed, also the sewerage of Peasedown St. John. So far as future proposals are concerned the Council have prepared plans for the re-sewerage of Corston and Newton St. Loe, (£40,000), and a further extension of sewers to serve Peasedown (£4,400).

BRIDGWATER. The re-sewerage of the Village of Westonzoyland is now complete and proposals are well advanced for schemes covering the Parishes of Chedzoy, Chilton Polden, East Huntspill, Woolavington, and Nether Stowey.

CHARD. Although no major works were carried out during the year the District Council have many schemes prepared which should proceed within the next 2 – 3 years. The first is likely to be Hinton St. George, Lopen and Seavington St. Michael and Seavington St. Mary, followed by Broadway and Horton.

CLUTTON. In March, 1960, the Sewerage and Sewage Disposal Scheme for Paulton was completed. The total cost of this work amounted to £102,244. With regard to the Chew Magna – Bishop Sutton Scheme, estimated to cost £250,000, this work is likely to commence early in 1961.

FROME. The Council's immediate proposals are concerned with the provision of a Sewerage and Sewage Disposal scheme for Norton St. Philip and Nunney. In addition schemes are also well advanced for the areas of Wanstrow and Leigh-on-Mendip and it is anticipated that both schemes will be submitted to the County Council for approval early in 1961.

LANGPORT. Work is still proceeding in connection with the Langport and Huish Episcopi Sewerage and Sewage Disposal Scheme, (£178,730), also at Curry Rivel where a start was made in July, 1960, (£5,550). With regard to the modernisation of the Works at Kingsbury Episcopi, this reached the tender stage and the scheme is estimated to cost £12,836.

LONG ASHTON. The Portbury and Easton-in-Gordano Scheme, estimated to cost £37,128, has now been completed. With regard to Stage III of the Nailsea Scheme, which is concerned with the Village and Old Church Road areas, work is still in progress. This stage will cost approximately £89,951. In addition the District Council have to carry out Stage IV which affects the eastern area towards Backwell and extensions of the sewers in the areas of Lodge Lane and St. Mary's Grove. It is anticipated that this work will amount to somewhere in the region of £100,000. There is also a proposal to provide a surface water sewer to Back Lane and Kingshill for which Ministry approval has been given and tenders authorised. The approximate cost of this work is £29,550. The scheme for Winford, which is a joint scheme with Clutton Rural District Council, with Disposal Works sited at Chew Magna, is due to commence in January, 1961, (£123,977). Ministry approval has also been granted and tenders authorised in connection with the sewerage and Sewage Disposal Scheme for the Parishes of Long Ashton and Dundry.

Following representations made by the National Farmers Union, the North Somerset Drainage Board and the Somerset River Board, about the unsatisfactory state of the watercourses in and around Nailsea which are receiving sewage effluent, the District Council were asked to investigate the possibility of providing a trunk sewerage system with sea outfall to serve this area. An outline report prepared by the Council's Consulting Engineers shows this to be a practical proposition. Preliminary estimates for carrying out this work give a figure of £170,000 for the provision of sewers in the Rural District. This is a very complex scheme and would appear to provide a satisfactory solution to the drainage problems in this area, although it is likely to be many years before work is commenced.

SHEPTON MALLET. The scheme for Stratton-on-the-Fosse (2nd Stage), also that for Gurney Slade (Ashwick and Binegar Parishes) are now completed. The total cost of this work amounts to approximately £45,500. The District Council are well advanced in their proposals for a main Sewerage Scheme for Holcombe, (£50,000). With regard to the outline scheme for the reconstruction of the Sewage Disposal Works at Evercreech, the

present position is that whilst tenders were invited for the reconstruction of the Sewage Disposal Works, including the sewer extension to the Bell Inn area, matters have been delayed due to various factors. A start is anticipated during 1961.

TAUNTON. The sewerage of the Village of Ruishton has now been completed but at Creech St. Michael work is still proceeding. With regard to the provision of sewers for Trull and Pitminster, this has been delayed but should proceed during 1961. With regard to Stoke St. Gregory, although a scheme has received the approval in principle of the County Council it has been delayed due to the high cost and uncertainty of the grant position. However, the Council have now instructed their Consultants to prepare final plans for submission to the Ministry. So far as the Sewerage and Sewage Disposal Scheme for the Village of North Curry is concerned, which was again delayed pending the selection of suitable outfall for the effluent, a revised scheme making provision for the effluent to be discharged to the River Tone has now been approved by the County Council.

WELLINGTON. Whilst no works of Sewerage or Sewage Disposal were carried out during the year, the District Council have plans for the Parish of Wiveliscombe. Here they propose to lay a new trunk sewer from the Disposal Works to a point near the Town Mill in Wiveliscombe, to retain parts of the existing old trunk sewer for storm water and to abandon other sewers. Other sections of drainage sewers are also to be relayed. The estimated cost of this work is given as approximately £29,000. At Bradford-on-Tone, including Ham and Chelston, which are in the Parish of West Buckland, plans are being prepared to provide a Disposal Works and new sewers. The approximate cost of this amounts to £45,000.

WELLS. Schemes proposed and for which the County Council have given approval are concerned with the Parishes of Westbury-sub-Mendip and Easton, (£60,000), and Rodney Stoke and Draycott, (£46,000). A Sewerage and Sewage Disposal Scheme is also proposed for Butleigh and Baltonsborough.

WILLITON. The combined scheme for the provision of sewers for the Roadwater and Washford area commenced in 1958 has now been completed. The final estimated cost is £43,000. Included in the future proposals of the District Council are schemes for sewerage the Western Parishes, (£45,000), also the Parishes of Bicknoller and West Quantoxhead.

WINCANTON. Reconstruction and major repairs to the Bruton

Sewage Disposal Works have now been completed at a cost of £17,000. So far as the District Council's future proposals are concerned, two schemes are in course of preparation, one for North Cadbury, which at present is being discussed with the Ministry and is estimated to cost £16,000, and the second concerns the Parish of Charlton Horethorne for which no estimate has been prepared.

YEOVIL. The joint scheme of Sewerage and Sewage Disposal for the Parishes of Martock, Montacute and Stoke-under-Ham, is now well advanced. The estimated cost of this work is given as £55,000. Schemes proposed in the near future are concerned with the villages of Ash and Tintinhull, now estimated to cost £40,000.

During the year the Ministry of Housing and Local Government held 15 investigations or inquiries into Rural Water Supply, and Sewerage or Sewage Disposal Schemes which the County Health Inspector attended to give evidence on behalf of the County Council.

THE FINAL REPORT OF THE TRADE EFFLUENTS SUB-COMMITTEE OF THE CENTRAL ADVISORY WATER COMMITTEE

This is an extremely interesting report and one of the conclusions reached under the heading of "Discharge of Trade Effluent into Sewers" is that farmers and local authorities should have the same rights and duties in connection with farm effluents as they have in connection with trade effluents. A Public Health Bill, being considered by Parliament, provides that farm effluents are trade effluents subject to the provisions of the Public Health (Drainage of Trade Premises) Act, 1937. Thus will be removed any doubt as to the true legal position concerning liquid waste from farmyards.

The position of premises which at present have a statutory right to discharge trade waste to sewers is also being reviewed in the new Bill.

Schemes approved under the Rural Water Supplies and Sewerage Acts, 1944 - 55, during the year were as follows :-

Rural District	Scheme	Estimated Cost (as submitted)		
		£	s.	d.
Axbridge	Burnham Without - Worston Road Sewer Extension... ..	989	0	0
Axbridge	Wedmore Sewerage and Sewage Dis- posal	44,400	0	0
Bathavon	Peasedown St. John - Lower Pease- down Sewer Extensions... ..	3,410	0	0
Bridgwater	Puriton Sewerage (2nd Stage) ...	19,149	0	0
Clutton	Timsbury - Lippiatt Lane and Timsbury House Sewerage ...	9,200	0	0
Clutton	Farmborough - Hobbs Wall ...	597	0	0
Frome	Nunney Sewerage and Sewage Dis- posal	41,110	0	0
Long Ashton	North Weston Parish - Redcliffe Bay Sewerage	42,000	0	0
Wells	Draycott and Rodney Stoke Sewer- age and Sewage Disposal ...	46,536	0	0
Wincanton	Cottages near Castle Cary Station, Ansford - Provision of Septic Tank and Filter	850	0	0
Wincanton	North Cadbury Sewerage and Sew- age Disposal	16,180	0	0
		£224,421	0	0

Schemes approved prior to 1960 but costs and/or proposals revised and re-submitted :—

Rural District	Scheme	Revised Cost		
		£	s.	d.
Bathavon	Newton St. Loe and Corston Sewerage and Sewage Disposal ...	46,793	0	0
Bridgwater	Westonzoyland Sewerage and Sewage Disposal	39,610	0	0
Chard	Lopen, Hinton St. George and Seavingtons Sewerage and Sewage Disposal	56,100	0	0
Frome	Norton St. Philip Sewerage and Sewage Disposal	38,018	0	0
Long Ashton	Winford Terrace and Barrow Common Sewerage and Sewage Disposal... ..	18,251	0	0
Long Ashton	Nailsea Sewerage and Sewage Disposal — Stage III (Phase IV) ...	98,285	0	0
Long Ashton	Nailsea Surface Water Sewer ...	29,150	0	0
Taunton	North Curry Sewerage and Sewage Disposal	43,400	0	0
Wells	Westbury-sub-Mendip and Easton Sewerage and Sewage Disposal	60,663	0	0
Yeovil	Martock, Montacute and Stoke-sub-Hamdon Sewerage and Sewage Disposal	55,000	0	0

HOUSING

It will be recalled that in 1954 the Housing Repairs and Rents Act was introduced, and local authorities were asked to carry out a survey of unfit dwellings in their areas and to submit to the Minister their proposals for dealing with the houses which appeared to be unfit for human habitation; further the period needed to secure their demolition, together with the Council's programme of action in relation to the houses over a period of five years, namely from January, 1956, to December, 1960.

In January, 1960, the Ministry of Housing and Local Government summarised the position in Circular No. 2/60 which showed that of over 13,000,000 permanent houses in England and Wales approximately 850,000 were estimated to be unfit for human habitation. Of these local authorities proposed to demolish approximately 375,000 in the course of the five-year programme, and to take over and patch or repair 88,000 for temporary accommodation. The relative figures for Somerset were 6,601 to be demolished, 0.78 per cent of the figure for England and Wales, and none under the heading of "Retained for Temporary Accommodation", although a small number have since been so classified.

In the Minister's opinion the substantial measure of success achieved by local authorities in connection with the slum clearance programme reflected great credit on all concerned. It was therefore decided that the time was opportune to introduce the next phase of the programme and the Minister asked that authorities should take stock of their individual progress and take action with a view to speeding up the work of slum clearance. An interesting point made in the Circular was that whilst slum clearance, fortunately not a big problem in Somerset, will remain a major housing commitment, provided the present rate of progress is maintained there is every reason to believe that over a large part of the country the next few years will see the disappearance of all slums.

The position in the County concerning Clearance Areas, unfit properties etc. at the end of the year is set out in the following table:—

	Action during year							Rent Act, 1957 (1st Schedule)	
	Number of houses demolished or closed under Section 42 of the Housing Act 1957 (Clearance Areas)	Number of houses demolished or closed		Number of temporary dwellings, huts, etc. demolished	Number of houses declared unfit under Section 9 of the Housing Act, 1957 (capable of repair)	Number of unfit houses occupied under licence	Number of houses made fit during year	Certificate of Disrepair	
		under Section 17 of the Housing Act, 1957 (individual unfits)	for other purposes (Road Improvements etc.)					Number of applications received	Number of Certificates issued
Boroughs & Urbans	128 •	203	9	—	10	2	676	5	5
Rurals	50	221	3	90	668	2	540	11	6
Totals	178	424	12	90	678	4	1,216	16	11

With regard to the number of applications for Council houses, on this occasion, and in order to obtain a more realistic view of the situation, those requiring such accommodation have been divided into the following categories:

(a)	Total number of applicants	9,074
(b)	Urgent bona fide cases	2,994
(c)	Others	6,080

The total number of applications shows a considerable drop compared with the year ending 31st December, 1959, there being approximately 700 less. This is perhaps accounted for by reason of the fact that many local authorities now require applicants to renew their applications every twelve months or so and many people, seeing little chance of being allocated accommodation, fail to renew their applications.

House building during 1960 continued at an even greater rate than in the previous year, approximately 3,300 being completed compared with 3,200. It is interesting to record that since the 1st April, 1945, over 40,000 houses have been erected either by local authorities, housing associations, and/or private enterprise in the administrative County of Somerset.

IMPROVEMENT GRANTS. There was a good deal of publicity given to this subject during 1960 and to the facilities open to the general public under the House Purchase and Housing Act, 1959, and also under the Acts 1949-57. In spite of this the number of applications for both standard and discretionary grants does not show any appreciable increase, as will be seen from the following table:—

Grant	Applications							
	Received				Approved			
	Boroughs & Urbans		Rurals		Boroughs & Urbans		Rurals	
	1959	1960	1959	1960	1959	1960	1959	1960
Standard	213	426	301	534	161	418	275	494
Discretionary ...	294	186	524	549	230	185	478	503
Totals	507	612	825	1,083	391	603	753	997

Undoubtedly there are still many old but sound houses in Somerset which could benefit by modernization. The grant scheme appears to be more attractive to owner/occupiers of property and it is unfortunate that greater use is not made of the facilities offered by owners of rented property.

HOUSING OLD PEOPLE. The problem of housing the aged is one of increasing magnitude to housing authorities throughout the country. In Somerset the County Council have taken a prominent part in encouraging local authorities to carry out housing schemes for old people which provide also welfare services, including the services of a warden.

According to figures supplied by the County Welfare Officer all but eight of the District Councils have submitted schemes for the approval of the County Council and 848 Old People's Dwellings have already been provided, representing a figure of 1.7 dwellings per 1,000 of the population of the Administrative County.

The County Council make an annual contribution to housing authorities of up to £30 per dwelling for welfare services, plus grants equivalent to the difference between the interest payable on loans at the current Public Works Loan Board rates and 4% for the cost of building the dwellings, plus wardens accommodation.

An attractive feature of many of these schemes is the provision of a common room where the old people can meet in a friendly atmosphere and yet still be able to return to their own fireside whenever they wish.

Undoubtedly such projects are to be encouraged as not only does it enable old people to live in accommodation suited to their needs, but it also means that houses they have previously occupied become available for the younger folk.

The following table gives some indication of the position in the County to date:—

	Number of Applicants for Old People's Dwellings	Number erected to 31.12.60.	Number in course of erection
Boroughs & Urbans	1,083	537	116
Rurals	553	311	140
Totals	1,636	848	256

SANITARY CIRCUMSTANCES

CLOSET ACCOMMODATION

As I have previously mentioned, it is a little difficult to obtain an accurate figure as to the number of conversions from pail and other types of closet to water carriage systems, as quite a number of authorities do not maintain records of these. Nevertheless from the information available it is quite apparent that excellent progress is being maintained and that the yearly average of 450 conversions has this year been exceeded.

CESSPOOL EMPTYING

In the majority of cases occupiers are responsible for making their own arrangements for the emptying of cesspools. Five authorities are, however, providing a service and charges levied are either based on the loads, size of cesspool or on a flat rate.

SCHOOL SANITATION

The balance of work outstanding in the 1959/60 Sanitary Improvement Programme, which included the following schools, has been completed:—

Kewstoke County
Nailsea Hannah More Junior
West Buckland
Withiel Florey

There remain eight schools for which major works are still necessary, but some of these cannot be dealt with pending the provision of either mains water or sewers; in other cases there is a possibility of closure. There are, however, many schools where the sanitary arrangements are unsatisfactory by present day standards. It is felt that these cannot adequately be dealt with until the schools are redeveloped, and this is not likely to take place, in some cases, for a considerable time.

Provision of hot water is an amenity which can be provided at a moderate cost, and efforts are being made to implement a programme whereby hot water over wash-hand basins will be provided in all schools, beginning with those having the largest number of children in attendance.

With the number of village Sewerage and Sewage Disposal Schemes being completed, it is obvious that many schools, previously draining to septic tanks, will now have to be connected to the new sewers and each year a sum of money will be required to be set aside for this purpose. In 1961 it is proposed to connect drainage systems at the following schools to the main sewer:—

Huish Episcopi Secondary
Nailsea Christ Church Junior

HOUSE REFUSE

	Removed by		Number of Vehicles Employed
	Direct Labour	Contract	
Boroughs and Urbans	20	—	40
Rurals 	11	5	37

TRADE WASTE

Throughout the Borough and Urban areas a weekly collection of household, and, in the majority of cases, trade waste, is arranged. Obviously it is extremely difficult to arrange such frequent collections in the more rural localities, the interval between collections being somewhat extended, the maximum period being six weeks.

REFUSE DISPOSAL

	Boroughs and Urbans	Rurals
Controlled tipping	17	15
Semi-controlled tipping	1	10
Uncontrolled tips	6	5
Incineration method	3	1

PREVENTION OF DAMAGE BY PESTS

	Number of Rodent Operators Employed	
	Whole Time	Part Time
Boroughs and Urbans	9	13
Rurals	12	7

Under the Prevention of Damage by Pests Act, 1949, powers relating to the control of rats and mice were vested in the local sanitary authorities upon whom rests the obligation for keeping their Districts, as far as possible, free from rodent infestation.

The whole time employment of a rodent operator in some areas is unnecessary and in such cases his services are shared with neighbouring authorities.

CAMPING SITES

The Caravan Sites and Control of Development Act, 1960, became operative in August, 1960. It is a long overdue measure primarily intended to tighten up the control of Caravan Sites.

A District Council is now required to issue a site licence if, and only if, the use of the land is covered by a "planning permission", and in the case of existing sites, if such "planning permission" granted before the commencement of the Act, had a period of six months or more to run.

District Councils may impose such conditions on a site licence as they think necessary or desirable in the interests of the Caravan dwellers, or general public.

Discussions have taken place between representatives of the various local authorities and County Council with a view to establishing a uniform policy in dealing with Caravan Sites in the County, but it is yet too early to record any firm developments in this connection.

With regard to the use of existing camping sites in Somerset, from information available it would seem that local authorities have issued just over 200 licences for sites and 450 for individual moveable dwellings.

SWIMMING BATHS

Since 1955, the year in which the first training pool was completed at Huish Episcopi Secondary School, there have been provided a further 18 similar type pools. The present position in the County is as follows:—

	Secondary Technical	Secondary Grammar	Secondary Modern	Primary
Pools in use ...	1	6	8	4
Under construction or proposed ...	—	1	12	5
Totals	1	7	20	9

The tendency for Secondary Schools is to provide a larger type pool with filtration and chlorination plant. This is to be encouraged and it is hoped that it will become the rule rather than the exception. A particularly enterprising project has been carried out by Sexey's Grammar School, Bruton, which involved the provision of a pool of approximately 37,000 gallons capacity with mechanical filtration and chlorination plant. A somewhat smaller pool was constructed by Stanchester Secondary School, Stoke-sub-Hamdon, and practically all the work was carried out by the staff and pupils at a very moderate cost.

A careful check has been maintained on the residual chlorine readings taken by the school staff and these were up to standard.

The following table shows details of other pools in the County, type of water used, treatment and sample results.

	Number of Baths				Water Used			Treatment				Samples Taken			
	Local Authority	Private Enterprise	Schools		Main	Sea	Other	Re circulation	Filtration	Chlorination		Bacteriological	Residual		
			Somerset County Council	Other						Automatic	Hand		Less than 0.2	0.2 to 0.5	More than 0.5
Boroughs & Urbans	12	3	10	6	26	5	—	15	15	15	17	132	49	296	76
Rurals	—	9	9	10	18	—	10	8	10	9	13	11	9	254	22

SUPERVISION OVER THE FOOD SUPPLY

SLAUGHTERHOUSES AND MEAT INSPECTION LEGISLATION

THE SLAUGHTERHOUSES (REPORTS) DIRECTION, 1959. All local authorities within the County have now presented their individual reports on the slaughterhouse situation within their own areas to the Minister. The overall picture that one obtains is that practically all slaughterhouse facilities are in private hands and will remain so following the Approved Appointed Days. When the Approved Orders are brought into operation there are likely to be 83 privately owned slaughterhouse premises and 5 publicly owned. Reports from most areas indicate that present slaughtering facilities will be adequate for the future, although in two districts the question of providing a public slaughterhouse is still under consideration. The requirements concerning the construction and layout of slaughterhouse premises contained in the Slaughterhouse (Hygiene) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations, both of 1958, appear to be generally acceptable. Most authorities are faced with the problem of having a large number of small

private slaughterhouses in their district, sub-standard both in construction and facilities provided, although it is impossible to say as yet whether the owners of the slaughterhouses in question are prepared to carry out the necessary work to comply. Four applications are outstanding for the construction of new premises, all from private butchers. In three instances the new premises are to replace inadequate existing facilities and in the fourth it is to remodel existing premises which have been disused for a number of years. Five districts have no facilities within their boundaries and are adequately served from public and other facilities at Bath, Bristol, Weston-super-Mare and Yeovil.

THE SLAUGHTERHOUSE LICENCES (FORMS AND RECORDS) REGULATIONS, 1959. These Regulations made under Section 1 (5) of the Slaughterhouses Act, 1958, came into operation on the 1st January, 1960. They prescribe the form of application for the grant or renewal of a slaughterhouse licence, the type of licence to be issued by local authorities, where responsible, and the records to be maintained by them.

THE MEAT (STAINING AND STERILIZATION) REGULATIONS, 1960. These Regulations, made in July, 1960, came into operation on the 1st November, 1960, and require all butchers meat and imported meat which is unfit for human consumption to be sterilized and all knackers meat to be stained or sterilized before entering the chain of distribution.

The purpose of THE AUTHORISED OFFICERS (MEAT INSPECTION) REGULATIONS, 1960, is to enable Councils to authorise under the Food and Drugs Act, 1955, officers holding the Royal Society of Health Certificate in Meat Inspection to act as meat inspectors. This is an entirely new qualification and the syllabus is comparable in standard with that used for the Royal Society of Health Diploma in the Inspection of Meat and Other Foods, but covers meat only.

There has been considerable difficulty in recruiting meat inspectors for work in the Bacon Factories and local authorities have been anxious for some time for such a step to be taken by the Ministry. These Regulations are at least a step in the right direction, and the officer, when appointed, will be integrated into the existing local authority meat inspection service and work under appropriate direction, although it is not known whether any candidates are undertaking training for this Qualification.

	Slaughterhouses/Abattoirs in operation owned or leased by Local Authorities	Private Slaughterhouses		Bacon Factories	Knackers Yards
		Licensed	Operating		
Boroughs & Urbans	4	19	17	5	1
Rurals	—	68	67	2	6
Totals	4	87	84	7	7

	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Total
(1) Number inspected	45,688	62,483	188,523	185,894	482,588
(2) All diseases except Tuberculosis and Cysticerci					
(a) Whole carcasses con- demned ...	455	402	885	1,009	2,751
(b) Carcasses of which some part or organ was condemned	12,655	757	12,560	15,866	41,838
(3) Tuberculosis only					
(a) Whole carcasses con- demned ...	30	7	—	3	40
(b) Carcasses of which some part or organ was condemned	486	23	—	5,334	5,843
(4) Cysticercosis					
(a) Carcasses of which some part or organ was condemned	235	—	—	—	235
(b) Carcasses submitted to treatment by refrigeration	235	—	—	—	235
(c) Generalised and/or totally condemned	—	—	—	—	—

Meat condemned during the year amounted to 543,577 lbs. Two authorities were unable to provide the weights condemned. The amount affected with tuberculosis totalled 70,816 lbs. or 13.03 per cent compared with 24.5 per cent, the previous year.

MEAT CONDEMNED – 1960 – in lbs. –					
	Cattle and Cows	Calves	Sheep and Lambs	Pigs	Total
Tuberculosis	24,822	1,401	–	44,593	70,816
Cycticercosis	15,759	144	–	–	15,903
Other	276,971	18,594	61,222	100,071	456,858
Totals	317,552	20,139	61,222	144,664	543,577

FOOD HYGIENE

FOOD HYGIENE (GENERAL) REGULATIONS, 1960. These Regulations consolidate and amend the Food Hygiene Regulations, 1955 to 1957, and in addition extend the Regulations to food businesses carried on from home-going ships and moored vessels. The new Regulations were prepared after consultation with those organisations as appeared to the Ministers of Food and Health as being representative of interests substantially affected, and in so doing has enabled many anomalies to be either omitted or clarified.

DESIGNATED MILK (RAW)

MILK PRODUCERS AND PRODUCER-RETAILERS. I am indebted to the Divisional Executive Officer of the County Agricultural Executive Committee for providing the following figures:—

	As at 31.12.60.
Number of Registered Producers in County	6,440
Number licensed to produce "Tuberculin Tested" Milk	5,552 (86.2%)
Number of Producer-Retailers of "Tuberculin Tested" Milk	313
Licences revoked over past twelve months	48
Producers' licences under suspension as at 31.12.60.	35

PASTEURISED AND STERILISED MILK

The milk sampling record for 1960 was again an improvement over that for the preceding year — 0.76 per cent samples being unsatisfactory as against 0.93 per cent. The quantity of milk now being processed and bottled in Somerset is well over 30,000 gallons per day. This includes 5,600 gallons of sterilised milk.

The figures given below do not include details of licences issued and samples taken within Weston-super-Mare as they are a Food and Drugs Authority and as such are responsible for arranging their own sampling procedure and the issue of licences.

In order to ensure that dairy concerns were complying with the appropriate milk Regulations, regular visits, either of a routine or advisory nature, have been maintained throughout the year.

Full details of the licences issued and samples taken during 1960 are set out in the following Tables:

	Pasteurised	Sterilised
Licences issued for 1960	19	1
Licences cancelled/surrendered during the year	—	—
	19	1
Licences issued	—	—
	19	1

	Number of samples taken	Number satisfactory	Percentage unsatisfactory
Pasteurised			
Bulk	61	61	—
Bottled	1,524	1,512	0.79
	1,585	1,573	0.76
Sterilised	51	51	—

	Pasteurised
(1) Number failing Phosphatase test	7
(2) Number failing Methylene Blue test	4
(3) Number failing both tests (1) and (2)	1

THE MILK (SPECIAL DESIGNATION) REGULATIONS, 1960

These Regulations consolidate and re-enact with amendments the Milk (Special Designation) (Raw Milk) Regulations, 1949–54 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949–53. The Regulations transfer from district councils to Food and Drugs Authorities the responsibility for licensing and sampling of all Milk Dealers within the County. The County Agricultural Executive Committee will continue to grant licences to Producer/Retailers.

The principal changes are:

- (a) dealers' licences, except for a few kinds which will be granted by the Minister of Agriculture, Fisheries and Food, will be granted by the food and drugs authority for the area within which are situated the premises at or from which the milk is to be pasteurised, sterilised or sold, as the case may be; dealers' licences will permit sales outside as well as inside the area of the licensing authority and supplementary licences are to be discontinued;

- (b) a dealer's (pre-packed milk) licence is introduced to permit the sale of all three kinds of specially designated milk where the milk is obtained by the dealer in the container in which it is to be supplied to the consumer, or is pasteurised or sterilised by the dealer;
- (c) the period for which a dealer's licence will be granted is extended from one year to five years;
- (d) a licence holder is no longer required to allow samples of milk to be taken free of charge;
- (e) a herd in respect of which a producer's licence is held is allowed to run with other attested cattle or cattle from a controlled herd;
- (f) the storage of tuberculin tested milk in a fixed tank at the farm and subsequent collection in a milk tanker is permitted, but such milk is required to be pasteurised or sterilised before sale;
- (g) the sealing of containers (other than retail containers) of tuberculin tested milk is no longer obligatory;
- (h) the Clot-on-Boiling test has been introduced for tuberculin tested milk to which a producer's licence relates;
- (i) when, for the purpose of taking a sample of milk, a person breaks the seal on a container, he must re-seal the container and attach to it a label certifying that it has been opened and re-sealed;
- (j) the conditions of the Methylene Blue test for tuberculin tested milk and pasteurised milk are modified and a different Phosphatase test for pasteurised milk has been prescribed;

The County Council's responsibilities under the Regulations become operative with effect from the 1st January, 1961.

As previously mentioned, Weston-super-Mare are now a Food and Drugs Authority and are therefore responsible for administering the Regulations in their own area.

The changes in licensing procedure are designed primarily to reduce the amount of routine work involved in the administration of the Regulations. For example, a dealer's licence will no longer restrict sales to the area of the Licensing Authority and supplementary licences are therefore to be discontinued. It will be essential, nevertheless, to

co-operate with other Food and Drugs Authorities to ascertain details of Dealers licensed by them and vice versa. Dealers will now require one or more of the following:—

- Dealer's (Steriliser's) Licence;
- Dealer's (Pasteuriser's) Licence;
- Dealer's (Tuberculin Tested) Licence;
- Dealer's (Pre-packed Milk) Licence;

MILK LICENCES AND REGULATIONS

Licences issued by Local Authorities during the year:—

	Boroughs and Urbans	Rurals
Registered Distributors 	231	243
Registered Dairy Premises (other than Dairy Farms) 	72	91
Licensed Dealers of Designated Milk ...	188	208
Supplementary Licences issued 	64	136

Samples taken by Public Health Inspectors during the year numbered 351 of which 25 proved unsatisfactory. As mentioned elsewhere in this report, from the 1st January, 1961 the County Council become the responsible authority for licensing all dealers of milk, other than producers.

EMPTY CLEANSED BOTTLES

600 bottles were collected from licensed premises for advisory purposes during the year, and from the results obtained it is evident that the very high standard of bottle washing is being maintained.

SPECIFIED AREAS

THE MILK (SPECIAL DESIGNATION) (SPECIFIED AREAS) ORDER, 1960. This Order came into operation on the 25th April, 1960 and the districts affected were:

- Boroughs of — Chard and Yeovil.
- Urban Districts of — Crewkerne and Ilminster.
- Rural Districts of — Chard, Langport and Yeovil.

This area proved the most difficult to administer and it soon became apparent that retailers were not prepared to deliver in the more isolated parts, particularly in the Blackdown Hills. For example, the Wambrook district was without a normal retail service and residents were obliged to collect milk from Chard. I might mention that provision is made for the Minister of Agriculture, Fisheries and Food to issue "Consents" which enable 'milk producers' to supply a few customers in isolated districts within which a normal retail service is non-existent. None of the producers in the area were prepared to apply for a "Consent" and thus the situation remained rather acute for some time.

The whole of Somerset is now attested and animals giving tuberculous milk are virtually non-existent. There are, however, other milk-borne infections — for instance brucellosis (the cause of undulant fever in man) which can be found in milk from animals free from tuberculosis, but which can be destroyed by pasteurisation.

ANIMAL HEALTH

I am indebted to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food for the following information:

	As at 31.12.60.
(1) Approximate number of Attested cattle in County	381,955
(2) Number of herds Attested and for which "Tuberculin Tested" Licences have been granted ...	5,342
* (3) Number of herds Attested only ...	3,121

* NOTE: Of this last figure approximately 1,000 are "Beef" or store rearing herds, so that approximately 2,121 dairy herds are Attested without being "Tuberculin Tested".

HOSPITAL FARMS

Samples taken on behalf of the Ministry of Health for bacteriological examination from the one remaining hospital farm numbered 25.

MILK-IN-SCHOOLS SCHEME

It is over five years since the contract method for the supply of milk to schools was first introduced. The system has functioned very well indeed and whereas in January 1955 there were over 70 suppliers

there are now only 22 – the sources from which the milk is obtained number 14. During the early part of the year there was some difficulty with one supplier, who was later replaced. This was the only discordant note in an otherwise satisfactory year.

Details concerning the number of regular milk drinkers, schools taking milk and milk sample results, are set out below.

Type of School (1)	Total number of each type (2)	Type of milk supplied to Schools (October, 1960) with percentages			
		Past. (3)	% (4)	T. T. (5)	% (6)
Primary	415	412	99.29	3	0.71
Secondary Modern ...	50	50	100.00	—	—
Secondary Grammar	20	20	100.00	—	—
Secondary Technical	3	3	100.00	—	—
Nursery	2	2	100.00	—	—
TOTALS	490	487	99.39	3	0.61
Non-maintained ...	119	117	98.32	2	1.68

NO. OF REGULAR MILK-DRINKERS

Type of School (1)	Number of children (2)	Number of regular milk drinkers (3)
Primary	39,215	35,788
Secondary Modern	22,808	13,043
Secondary Grammar	7,776	4,222
Secondary Technical	407	235
Nursery	79	79
TOTALS	70,285	53,367
Non-maintained	13,759	11,823

NOTE: 2,716 gallons (to the nearest gallon) of milk is drunk by 65,190 children per day.

SAMPLING OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL ESTABLISHMENTS

BACTERIOLOGICAL EXAMINATIONS – SAMPLES TAKEN IN 1960

	Pasteurised		T. T.		Total	% Unsat.
	Sat.	Unsat.	Sat.	Unsat.		
Schools	696	6	53	3	758	1.2
School Kitchens ...	134	1	—	—	135	0.7
Self-Contained Canteens	358	4	30	2	394	1.5
Residential Nurseries, Day Nurseries and Children's Homes	100	1	24	1	126	1.6
Mental Health Training Centres	30	—	—	—	30	—
County Council Homes and Institutions	83	1	29	3	116	3.4
TOTALS	1,401	13	136	9	1,559	1.4

In addition to the above bacteriological examinations, the County Analyst examined 497 samples for fats and solids-not-fat. In 2 cases the presumptive standard of 3.0% fat was not reached, and 1 sample was below 8.5% solids-not-fat.

Wherever failures occurred, investigations were carried out in an endeavour to trace the cause.

ICE-CREAM

SAMPLES TAKEN

	Boroughs & Urbans		Rurals		Total	
	Number	% Sat.	Number	% Sat.	Number	% Sat.
Hot Mix	447	93.7	112	97.3	559	94.5
Cold Mix	35	94.3	7	85.0	42	92.8
TOTALS	482	93.8	119	96.6	601	94.3

Failures – Boroughs and Urbans = 28 Hot Mix and 2 Cold Mix
 Rurals = 3 Hot Mix and 1 Cold Mix

CLEAN AIR ACT, 1956

NORTON RADSTOCK URBAN

It was necessary to submit a formal report to the Council concerning a nuisance caused by a Zinc Refinery at the disused Gas Works at Radstock. Following frequent visits of inspection and meetings with the owners, the Alkali Inspector was finally invited to assist, with the result that the Company were granted Registration under the Alkali etc. Works Regulations Act, 1906, as a Zinc and Aluminium Works. Subsequently improvements have been achieved in the prevention of emission of gases to the atmosphere from the works when complying fully with the Inspector's requirements.

PORTISHEAD URBAN

The question of atmospheric pollution particularly concerning the Central Electricity Board and the Phosphorous Factory of Messrs. Albright & Wilson Ltd. is under constant review by the District Council and deposits in grit gauges and sulphur candles are analysed frequently.

The Consultative Committee set up some time ago meets with Messrs. Albright & Wilson Ltd. to discuss complaints etc. in accordance with a High Court Order. During 1960 a series of observations of white smoke emissions from stacks and buildings during daylight and darkness were taken in the early summer at Messrs. Albright & Wilson Ltd. in an endeavour to establish whether emissions were greater during the hours of darkness when staff was reduced. No positive conclusions were reached, however, and further observations are to be made when the factory is on peak load. Close liaison is also being maintained with the Central Electricity Board.

TAUNTON RURAL

Incomplete combustion of the oil fuel at a paper mill has caused some concern. The Company have been warned that observations will be undertaken in accordance with the above Act if matters are not improved.

In addition to the above informal action was taken by four authorities concerning the emission of grit or dark smoke from chimneys.

In a rural County such as this mention of "clean air" would seem to be almost inappropriate, and yet we are reminded by the Department of Scientific and Industrial Research that almost half the smoke produced in Britain is domestic in origin. The open fire is still a firm favourite in spite of many advances made with central heating equipment. There is no reason, however, why greater use should not be made of smokeless fuels and many of the towns and larger villages in the County would benefit if householders could be persuaded to burn only smokeless fuels on their open fires.

Table 1. PERINATAL DEATHS Counties and County Boroughs England and Wales
1953 - 55 and 1956 - 58

		Local figure	Average 1953 - 55	Average 1956 - 58	Mean annual rise/fall
Group I	Average rate 44+				
Group II	Average rate 40 - 43.9				
Group III	Average rate 40 - 43.9	Comwall	42.4	41.6	- 0.3
Group IV	Average rate 36 - 39.9	Bath	41.9	35.3	- 2.2
Group V	Average rate 32 - 35.9	Devon	36.8	35.1	- 0.6
		Dorset	36.2	33.5	- 0.9
		Gloucester- shire	35.3	33.1	- 0.7
		Somerset	33.2	33.8	0.2 -
		Wiltshire	32.5	32.8	0.1 -
		Bristol	31.7	33.1	0.5 -
Group VI	Average rate below 32	—	—	—	—
England and Wales (Group IV)		National Figure	37.5	35.5	- 0.7

TABLE 2. PREMATURITY

Premature births in Somerset 1958 - 1960

Year	Premature Live Birth	Premature Still birth	First day death	Deaths 1 - 28 days	Total Deaths	Loss of life (S.B. and 1st month)	Rate per 1,000 total premature births	28 day survival percentage
1958	429	82	42	18	60	142	278	72.2
1959	468	71	46	10	56	127	236	76.4
1960	463	77	40	16	56	133	242	87.9

Weight Groups

- (a) 3 lbs. 4 ozs. or less
 (b) Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.
 (c) Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.
 (d) Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.

Weight Groups

Births and Survivors

Proportion in each weight group
 Birth Weights - live born babies

Survivors at 28 days as % of total
 live births

	1958	1959	1960
(a)	10.5%	11.8%	12.1%
(b)	19.3%	19.7%	20.3%
(c)	19.3%	18.8%	19.8%
(d)	50.8%	49.7%	47.8%
Total	100%	100%	100%

	1958	1959	1960
(a)	37.7	47.3	52.7
(b)	81.9	86.9	78.7
(c)	85.6	90.9	95.6
(d)	97.8	97.0	97.3

NEO-NATAL DEATHS

Associated with prematurity

Somerset 1960

+ twins	4
+ congenital abnormality	4
+ infection (broncho pneumonia)	1
+ Atelectasis and pulmonary syndrome	11
+ inhalation pneumonia	1
+ birth injury	5
+ pre-eclamptic toxæmia	4
+ A.P.H.	1
+ Haemolytic disease and twins	2

(i.e. 2 pairs)

Prematurity only given as cause of death: 31

33

Total 64

Table 3. INFANT DEATH Cause of Infant Death Somerset 1960 (1959 in brackets)

	Neonatal	Over 1 month	Total
Prematurity	63 (54)	—	63 (54)
Congenital abnormality	17 (16)	25 (15)	42 (31)
Respiratory Infaction	4 (6)	6 (7)	10 (13)
Atelectasis and Pulmonary Syndrome	7 (7)	—	7 (7)
Asphyxia and inhalation pneumonia	— (2)	1 (1)	1 (3)
Birth Injury	12 (9)	—	12 (9)
Gastro-enteritis	—	1 (2)	1 (2)
Haemolytic disease due to Rhesus Incompatibility	3 (—)	—	3 (—)
Other causes	4 (2)	3 (11)	7 (13)
	110 (96)	36 (36)	146 (132)

“Other causes” in 1960 included

- (1) **Neonatal** (2) haemorrhage following circumcision. cardiac failure due to anaemia following blood loss in utero. Peritonitis (neonatal hepatitis)
- (2) **Over one month** (3) Acute intestinal obstruction due to polypus. strangulation (infanticide).

Meningitis accounted for 1 neonatal and one later death.

Table 4. POPULATION, BIRTHS AND DEATHS - MATERNAL AND CHILD WELFARE
Registrar-General's Totals. Somerset 1950 - 60.

Year	County Population	Live Births	Still Births	Total Births	Illegitimate Live Births	Maternal Deaths	Infant Deaths
1950	476,240	7,189	174	7,363	296	12	181
1951	475,000	7,114	143	7,257	290	7	177
1952	477,600	6,907	154	7,061	261	7	173
1953	483,200	7,056	124	7,180	280	2	154
1954	485,000	6,948	143	7,091	276	2	157
1955	487,800	6,957	154	7,111	252	6	144
1956	491,600	7,085	179	7,164	270	5	143
1957	495,500	7,370	148	7,518	292	4	139
1958	496,900	7,539	157	7,696	247	3	157
1959	500,400	7,636	155	7,791	303	3	143
1960	507,270	8,095	145	8,240	345	0	160
England and Wales							
1960	45,862,000	782,673	15,734	798,407	15,731	311	20,817

Mid-year Estimated population (certain age groups) 1960

	Somerset	England and Wales
0 - 1	7,560	
0 - 4	28,840	
Total pre-school	34,400	
5 - 14	79,800	
Total 0 - 14	116,200	10,318,950
Women 15 - 45		9,049,000

TABLE 5.

BIRTHS AND DEATHS — MATERNAL AND CHILD WELFARE

Registrar-General's Figures

Rates for Somerset 1950 — 1960. England and Wales 1960

Year	Live Birth	Still birth	Illegitimate Live birth %	Infant deaths	Neonatal deaths	First Week deaths	Perinatal deaths	Maternal deaths
1950	15.09	24.2	4.1	25.2	—	—	—	1.67
1951	14.97	20.1	4.1	24.9	18.1	—	—	0.96
1952	14.46	22.3	3.8	25.0	18.3	—	—	0.99
1953	14.60	17.3	4.0	21.8	16.0	—	—	0.28
1954	14.33	20.1	4.0	22.6	16.5	—	—	0.28
1955	14.26	21.6	3.6	20.7	15.4	—	—	0.84
1956	14.41	24.6	3.8	20.2	15.4	—	* 35.8	1.10
1957	14.87	19.7	3.8	18.9	14.7	—	* 32.1	0.53
1958	15.17	20.4	3.3	20.8	14.5	11.5	31.7	0.26
1959	15.26	19.9	3.9	18.7	13.5	11.7	21.3	0.36
1960	15.9	17.6	4.3	19.8	14.8	13.2	30.4	0.0
England and Wales								
1960	17.1	19.8	5.4	21.9	15.6	13.35	32.9	0.39

* calculated

TABLE 6
CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1960

Causes of Death	Net deaths at the subjoined ages of "Residents" whether occurring within or without the District								
	All Ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and under 75 years	75 and upwards
Tuberculosis, respiratory ...	31	—	—	—	2	2	18	6	3
Tuberculosis, other ...	5	—	—	—	2	—	3	—	—
Syphilitic disease ...	9	—	—	—	—	—	4	2	—
Diphtheria ...	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	1	—	—	1	—	—	—	—	—
Acute Poliomyelitis ...	1	—	—	—	—	1	—	—	—
Measles ...	1	—	1	—	—	—	—	—	—
Other infective and parasitic diseases ...	13	—	—	—	1	2	2	2	5
Malignant neoplasm, stomach ...	132	—	—	—	—	1	28	46	57
Malignant neoplasm, lung, bronchus ...	215	—	—	—	—	7	109	82	17
Malignant neoplasm, breast ...	116	—	—	—	—	5	39	35	37
Malignant neoplasm, uterus ...	49	—	—	—	—	5	19	9	16
Other malignant and lymphatic neoplasms ...	579	—	1	2	2	22	163	194	105
Leukaemia, aleukaemia ...	33	—	2	2	3	5	8	7	6
Diabetes ...	45	—	—	—	—	—	6	13	20
Vascular lesions of nervous system ...	1,069	—	—	2	1	9	141	283	633
Coronary disease, angina ...	1,112	—	—	—	—	15	239	389	459
Hypertension with heart disease	131	—	—	—	—	—	21	51	59
Other heart disease ...	930	—	1	1	1	6	65	148	708
Other circulatory disease ...	328	—	—	—	1	4	53	71	109
Influenza ...	18	—	—	—	1	—	4	4	9
Pneumonia ...	247	11	5	1	—	9	23	39	109
Bronchitis ...	220	3	1	2	—	—	41	64	100
Other disease of respiratory system ...	98	3	—	—	—	3	33	33	16
Ulcer of stomach and duodenum	56	—	—	—	1	—	16	14	25
Gastritis, enteritis and diarrhoea	36	1	—	—	—	1	9	7	18
Nephritis and nephrosis ...	41	—	1	—	—	3	11	11	25
Hyperplasia of prostate ...	55	—	—	—	—	—	1	14	40
Pregnancy, Childbirth and abortion ...	—	—	—	—	—	—	—	—	—
Congenital malformations ...	57	42	1	3	3	4	3	1	—
Other defined and ill-defined diseases ...	625	93	5	7	6	19	76	73	343
Motor vehicle accidents ...	73	—	—	2	27	14	18	5	7
All other accidents ...	101	5	2	2	8	13	20	11	40
Suicide ...	53	—	—	—	—	5	32	11	—
Homicide and operations of war	3	2	—	—	1	—	—	—	—
All Causes :	6,483	160	20	25	60	155	1,205	1,625	3,232

TABLE 7

CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1960

URBAN DISTRICTS

Causes of Death	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minehead	Norton-Radstock	Portishead	Shepton Mallet	Street	Taunton	Watchet	Wellington	Wells	Weston-super-Mare	Yeovil	TOTAL Urban Districts
tuberculosis, respiratory	—	—	—	1	—	—	—	—	1	—	1	—	—	—	3	—	1	—	8	1	16
tuberculosis, other ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	1	4
mitotic disease ...	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	4
beria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
gonococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio myelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
es ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
infective and toxic diseases ...	1	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	1	—	1	6
ant neoplasm, stomach ...	2	1	2	2	1	2	3	2	2	2	3	2	2	2	8	—	4	3	11	5	59
ant neoplasm, lung, bronchus ...	7	5	3	3	2	7	2	2	4	5	8	4	6	2	17	3	—	3	10	10	103
ant neoplasm, breast	2	2	1	5	—	5	—	2	3	3	1	—	1	1	11	2	2	4	10	6	61
ant neoplasm, uterus	5	2	—	2	—	2	—	—	—	1	1	—	1	2	4	—	1	—	2	2	25
malignant and benign neoplasms ...	34	13	5	16	11	8	8	1	7	18	10	10	5	5	43	3	12	6	55	27	297
leukaemia, aleukaemia	1	2	—	2	—	—	1	1	—	—	1	—	—	—	1	—	—	—	5	—	14
... ..	1	1	—	1	—	1	—	1	—	2	4	—	—	—	4	—	—	4	2	2	23
obstructions of digestive system ...	48	36	11	39	4	23	6	7	31	27	20	9	14	12	64	2	21	19	118	53	564
coronary disease, angina	46	27	12	47	6	28	10	6	34	25	27	21	10	11	73	4	17	8	130	53	595
coronary disease with heart failure ...	4	1	3	7	1	1	1	1	6	—	3	2	3	—	5	—	3	1	18	4	64
coronary disease ...	44	25	5	28	2	36	8	4	11	15	13	8	14	4	63	2	22	9	88	56	457
circulatory disease	17	12	—	11	1	5	—	1	5	5	8	2	—	5	21	1	2	2	22	28	148
... ..	—	2	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	1	1	7
... ..	9	5	2	9	2	11	—	—	3	6	4	5	2	—	17	—	3	3	27	9	117
... ..	20	7	3	1	4	5	3	—	2	5	3	3	4	3	21	2	1	4	20	14	125
... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
... ..	3	2	1	3	1	2	2	1	2	2	11	1	4	1	2	—	3	2	7	1	51
... ..	—	2	—	1	1	4	1	1	1	3	2	—	—	2	6	1	1	—	14	—	40
... ..	2	1	—	3	—	2	—	—	1	1	—	—	—	—	3	—	—	1	4	5	23
... ..	4	—	—	3	1	1	1	—	1	—	2	—	1	—	3	—	1	—	3	4	25
... ..	3	1	2	1	—	1	1	—	1	2	2	—	1	1	4	—	2	—	9	5	36
... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
... ..	4	1	—	—	—	2	—	2	3	—	2	1	1	1	5	—	—	1	4	5	32
... ..	22	13	17	17	2	18	7	2	14	9	24	5	6	6	35	2	7	37	50	16	309
... ..	2	2	1	—	—	1	—	—	—	2	2	1	1	1	8	—	—	—	3	3	27
... ..	4	1	—	2	1	2	—	2	—	3	4	1	2	1	5	—	3	2	9	2	44
... ..	2	2	1	—	1	1	1	—	1	—	2	—	—	1	2	—	1	—	7	5	27
... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
TOTAL	288	166	69	204	41	168	56	36	135	138	158	75	78	62	430	24	108	111	638	320	3,305

TABLE 8

CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1960
RURAL DISTRICTS

Causes of Death	Axbridge	Bathavon	Bridgwater	Chard	Clutton	Dulverton	Frome	Langport	Long Ashton	Shepton Mallet	Taunton	Wellington	Wells	Williton	Wincanton	Yeovil	TOTAL Rural Districts
Tuberculosis, respiratory ...	—	3	2	1	—	1	—	2	1	—	2	—	1	1	—	1	15
Tuberculosis, other ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Syphilitic disease ...	—	1	2	—	—	—	—	—	—	—	—	—	—	1	1	—	5
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	1	1	—	—	—	—	—	1	1	2	—	—	—	1	—	7
Malignant neoplasm, stomach	9	5	5	3	3	2	4	6	8	6	9	2	1	1	2	7	73
Malignant neoplasm, lung, bronchus ...	18	16	10	2	6	—	2	10	7	3	7	3	5	9	7	7	112
Malignant neoplasm, breast ...	6	3	4	1	4	—	3	2	10	4	5	1	3	3	3	3	55
Malignant neoplasm, uterus ...	4	1	1	2	—	1	2	1	2	—	4	1	1	1	3	—	24
Other malignant and lymphatic neoplasms	29	24	14	6	22	5	22	14	28	13	18	8	10	18	16	35	282
Leukaemia, aleukaemia ...	7	—	—	—	1	1	2	1	1	—	—	1	—	1	2	2	19
Diabetes ...	3	—	1	1	1	1	—	—	1	—	2	4	1	3	—	4	22
Vascular lesions of nervous system ...	62	30	35	16	35	3	20	29	47	24	49	17	28	36	39	35	505
Coronary disease, angina ...	60	26	46	18	31	2	23	29	51	23	57	16	25	31	47	32	517
Hypertension with heart disease ...	4	12	4	8	5	1	5	1	4	3	5	2	7	1	3	2	67
Other heart disease ...	65	32	33	20	37	7	19	17	48	26	41	9	24	21	12	32	473
Other circulatory disease ...	12	17	25	6	7	2	4	8	14	7	19	5	6	16	17	15	180
Influenza ...	—	2	1	2	1	—	—	2	—	—	—	—	—	2	—	1	11
Pneumonia ...	13	11	7	7	7	2	5	7	12	7	21	5	10	7	5	4	130
Bronchitis ...	7	10	5	1	7	2	3	4	7	6	10	6	1	8	5	13	95
Other diseases of respiratory system ...	9	2	2	—	11	—	1	3	6	3	4	1	—	2	3	—	47
Ulcer of stomach and duodenum	1	1	1	2	—	—	—	—	3	—	2	—	1	1	1	3	16
Gastritis, enteritis and diarrhoea ...	1	2	2	1	1	—	—	2	1	—	—	1	—	—	—	2	13
Nephritis and nephrosis ...	—	2	1	—	—	1	1	2	—	1	1	1	1	—	1	4	16
Hyperplasia of prostate ...	3	1	3	1	1	—	—	2	1	—	1	—	—	2	3	1	19
Pregnancy, Childbirth and abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations ...	3	1	2	1	2	—	—	2	1	1	1	3	1	1	1	5	25
Other defined and ill-defined diseases ...	31	15	20	24	16	4	12	11	18	16	41	14	19	25	23	27	316
Motor vehicle accidents ...	7	2	6	2	2	—	3	2	2	2	5	2	—	2	2	7	46
All other accidents ...	10	3	7	1	2	1	4	3	5	4	5	2	2	2	4	2	57
Suicide ...	5	—	1	1	1	—	—	1	1	1	—	4	—	5	4	2	26
Homicide and operations of war	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2
All Causes :	369	223	243	127	203	36	136	161	281	151	311	108	148	200	235	246	3,178

TABLE 9

TABLE SHOWING, FOR EACH URBAN DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Urban Districts	Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater	429	288	9	25,580	16.77	15.93	11.26	10.47	20.98
Burnham	148	166	1	10,020	14.77	16.69	16.56	12.09	6.76
Chard	88	69	2	5,540	15.90	15.90	12.36	9.64	22.73
Clevedon	142	204	3	9,980	14.23	16.93	20.44	12.67	21.13
Crewkerne	60	41	1	3,980	15.08	15.98	10.30	9.27	16.67
Frome	200	168	7	11,360	17.61	19.19	14.79	11.39	3.50
Glastonbury	87	56	2	5,440	15.99	15.19	10.29	9.26	22.99
Ilminster	42	36	4	2,550	16.47	16.47	14.12	13.17	95.24
Keynsham	305	135	5	14,550	20.96	18.65	9.28	9.84	16.39
Minehead	96	138	2	7,470	12.85	14.65	18.47	11.45	20.83
Norton-Radstock	195	158	7	12,500	15.60	16.22	12.64	12.77	35.90
Portishead	144	75	2	5,980	24.08	24.08	12.54	12.27	13.89
Shepton Mallet	105	78	1	5,310	19.78	20.18	14.69	12.34	9.52
Street	118	62	1	6,460	17.77	16.06	9.34	9.15	8.47
Taunton	510	430	15	35,930	14.47	14.33	11.97	11.25	29.41
Watchet	40	24	1	2,560	15.62	16.41	9.37	8.5	25.00
Wellington	124	108	—	7,400	16.76	18.43	14.59	12.11	00.00
Wells	111	111	2	6,580	16.87	18.56	16.87	18.56	30.39
Weston-super-Mare	610	638	7	41,110	14.84	16.76	15.52	11.17	11.44
Yeovil	353	320	9	23,990	14.71	15.01	13.34	13.07	25.50
TOTAL of Urban Districts	3,907	3,305	81	244,470	15.98	16.46	13.52	11.49	20.73

TABLE 10

TABLE SHOWING, FOR EACH RURAL DISTRICT, THE NUMBER OF BIRTHS AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Rural Districts	Births	Deaths	Deaths under 1 year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Axbridge	477	369	14	29,910	15.95	18.02	12.34	10.61	29.36
Bathavon	300	223	4	19,900	15.07	15.83	11.21	10.20	13.33
Bridgwater	381	243	9	20,500	18.59	20.07	11.85	10.90	23.62
Chard	150	127	1	12,480	12.02	12.86	10.18	9.47	6.66
Clutton	290	203	7	18,130	15.99	16.63	11.20	10.52	24.14
Dulverton	64	36	—	4,470	14.32	16.32	8.06	9.18	00.00
Frome	144	136	1	10,920	13.19	14.11	12.46	11.71	6.94
Langport	211	161	4	12,950	16.29	17.94	12.43	10.56	18.96
Long Ashton	476	281	8	26,390	18.04	19.12	10.65	10.01	16.81
Shepton Mallet	155	151	2	10,220	15.17	16.99	14.77	12.26	12.92
Taunton	325	311	8	20,760	15.65	18.15	14.98	11.68	24.61
Wellington	141	108	4	8,120	17.36	19.79	13.30	11.44	28.37
Wells	196	148	3	10,290	19.05	21.91	14.38	8.48	15.31
Williton	214	200	5	14,520	14.74	17.10	13.77	10.60	23.36
Wincanton	224	235	3	17,500	12.80	14.21	13.43	10.34	13.39
Yeovil	440	246	10	25,740	17.09	18.11	9.56	10.41	22.73
TOTAL of Rural Districts	4,188	3,178	83	262,800	15.94	17.37	12.09	10.64	18.86
Administrative County	8,095	6,483	164	507,270	15.96	16.93	12.78	11.12	20.26
England and Wales 1960					17.1		11.5		21.9

TABLE 11

NOTIFICATION OF INFECTIOUS DISEASES

			Measles	Scarlet Fever	Puerperal Pyrexia	Meningococcal Infection	Dysentery	Whooping Cough	Pneumonia	Poliomyelitis	Erysipelas	Food Poisoning	Tuberculosis - Pulmonary	Tuberculosis - Non-Pulmonary
URBAN DISTRICTS														
Bridgwater	...	...	3	2	2	—	38	21	5	1	—	—	12	—
Burnham	...	...	20	3	—	—	—	5	10	—	—	—	—	1
Chard	...	...	5	1	—	—	—	1	—	—	—	—	5	—
Clevedon	...	...	—	8	4	1	8	23	—	—	—	—	3	1
Crewkerne	...	...	—	—	—	—	2	—	—	—	—	—	1	—
Frome	...	...	1	6	—	—	—	—	—	—	1	—	8	—
Glastonbury	...	...	2	—	1	—	—	14	—	—	—	—	2	1
Ilminster	...	...	—	—	—	—	—	—	—	—	—	—	—	—
Keynsham	...	...	3	6	—	—	4	—	2	—	1	—	8	1
Minehead	...	...	2	2	—	—	—	1	2	—	6	—	3	—
Norton-Radstock	...	...	1	5	—	—	—	—	7	—	—	—	7	2
Portishead	...	...	29	—	1	—	4	—	3	—	—	1	3	—
Shepton Mallet	...	...	—	—	—	—	—	2	—	—	—	—	4	1
Street	...	...	—	—	—	—	—	—	—	—	—	—	—	—
Taunton	...	...	271	14	5	2	15	26	—	—	4	—	5	—
Watchet	...	...	1	1	2	—	—	—	—	—	—	—	—	5
Wellington	...	...	13	5	—	—	—	—	3	—	1	—	1	—
Wells	...	...	—	1	—	1	—	27	—	—	—	—	6	1
Weston-super-Mare	...	...	6	58	2	—	1	69	3	—	—	2	11	—
Yeovil	...	...	7	5	6	—	—	15	8	—	1	—	9	1
RURAL DISTRICTS														
Axbridge	...	...	10	14	—	1	3	34	13	—	1	—	13	2
Bathavon	...	...	69	36	1	—	15	26	10	—	2	3	20	3
Bridgwater	...	...	1	13	—	—	1	15	7	2	1	—	5	1
Chard	...	...	30	1	—	—	—	1	—	—	—	1	6	—
Clutton	...	...	9	13	—	—	—	10	5	—	2	1	—	—
Dulverton	...	...	1	1	—	—	—	1	9	—	2	—	1	—
Frome	...	...	41	7	—	—	—	3	7	—	—	—	2	3
Langport	...	...	42	4	1	—	82	18	24	—	—	—	5	3
Long Ashton	...	...	7	19	—	—	18	54	15	—	1	2	4	3
Shepton Mallet	...	...	11	3	—	—	—	7	7	1	—	—	4	1
Taunton	...	...	35	10	—	1	3	25	3	—	7	—	12	3
Wellington	...	...	5	2	—	—	—	—	1	—	1	—	6	1
Wells	...	...	2	2	2	—	—	20	—	—	2	3	2	2
Williton	...	...	2	7	—	—	1	4	1	—	1	—	7	1
Wincanton	...	...	197	3	1	—	—	26	22	—	2	—	2	1
Yeovil	...	...	43	33	—	—	—	7	7	2	—	5	7	1
Urban Districts	...	...	364	117	23	4	72	204	43	1	14	3	88	14
Rural Districts	...	...	504	168	5	2	123	251	131	5	22	15	96	25
Administrative County			868	285	28	6	195	455	174	6	36	18	184	39
Comparative figures for 1959			6,308	485	48	6	53	402	272	10	48	41	213	38

TABLE 11 (continued)

Acute Encephalitis — Norton-Radstock: 1 Taunton Borough: 1 Long Ashton Urban: 1
Brucellosis — Bridgwater Borough: 1
Chicken Pox — Minehead Urban: 1
Ophthalmia Neonatorum — Weston-super-Mare Borough: 1
Rubella — Bridgwater Rural: 3
Typhoid Fever — Long Ashton Rural: 1